

Consumer Satisfaction Survey 2006 Annual Report

Outpatient Mental Health and Substance Use Disorder Services



November, 2007

**Virginia Department of Mental Health, Mental Retardation
and Substance Abuse Services
Offices of Mental Health and Substance Abuse Services
P. O. Box 1797
Richmond, Virginia 23218-1797**

TABLE OF CONTENTS

Acknowledgments.....	i
Executive Summary.....	1
Background.....	1
Findings.....	1
Demographic Characteristics and Outcome Indicators	2
Service Areas	3
Conclusion	3
Limitations.....	5
Introduction	6
Purpose of the Survey	6
Interpretation of the Results.....	6
Organization of the Report.....	6
Contact Information for Questions	6
Methodology.....	8
Measure.....	8
Administration of the Survey	8
Domain Definitions	8
Sample	9
Analyses.....	9
Chapter 1 : Statewide Survey Responses	1-1
Demographics and Treatment Characteristics of Statewide Sample	1-1
Satisfaction with Services On All Domains.....	1-12
Differences Between Groups.....	1-15
Trends Over Time.....	1-24
CSB Level Consumer Perception.....	1-25
Summary	1-30
Chapter 2 : Mental Health Consumer Responses.....	2-1
Consumer and Treatment Characteristics.....	2-1
Satisfaction On All Domains	2-1
Differences Between Groups.....	2-4
Trends Over Time	2-12
CSB Level Consumer Perception.....	2-13
Discussion	2-18

Chapter 3 : Substance Use Disorder Consumer Responses	3-20
Consumer and Treatment Characteristics.....	3-20
Satisfaction On All Domains	3-20
Differences Between Groups.....	3-5
Trends Over Time	3-13
CSB Level Consumer Perception.....	3-14
Discussion	3-19
Chapter 4 : Mental Health and Substance Use Disorders Responses	4-1
Consumer and Treatment Characteristics.....	4-1
Satisfaction On All Domains	4-1
Differences Between Groups.....	4-4
Trends Over Time	4-12
CSB Level Consumer Perception.....	4-13
Discussion	4-19
Appendix A.....	A-1
Consumer Survey	A-Error! Bookmark not defined.
Appendix B	B-1
Internet Resources	B-1

ACKNOWLEDGMENTS

The Department of Mental Health, Mental Retardation and Substance Abuse Services wishes to acknowledge the significant efforts of the employees at the 40 community services boards across Virginia and the thousands of consumers who took the time to complete the consumer survey. We would also like to recognize the work of the Social Science Research Center at Old Dominion University. In addition, we acknowledge the team of people in the Office of Mental Health and the Office of Substance Abuse Services who conducted the consumer survey, analyzed the survey results and produced this report. It was a collaborative effort, and the contributions of all involved were necessary to make it possible. Also, this survey would not have been possible without a mental health data infrastructure grant from the Center for Mental Health Services (CMHS), Substance Abuse Mental Health Services Administration (SAMHSA).

Authors:

- George E. Banks, Evaluation Associate, OMH, Planning and Evaluation
- Adrienne Ferriss, Data Manager, OMH
- Will Ferriss, Director, OMH, Planning and Evaluation

EXECUTIVE SUMMARY

Background

The Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) has identified consumer perceptions of services at community services boards (CSBs) as a performance measure to be assessed by CSBs on an annual basis. The DMHMRSAS administered its eleventh annual statewide survey of consumer perceptions of CSB services in October 2006 using the 24-item version of the Consumer Survey developed for the Mental Health Statistics Improvement Program's (MHSIP) Consumer-Oriented Mental Health Report Card. For the eighth consecutive year, data were collected on adult mental health and substance use disorder consumers who presented for non-emergency outpatient services over the course of one workweek. This survey method was used to assure that the sample of consumers surveyed at each CSB would be representative of the population of consumers currently being served by the CSB. DMHMRSAS, in conjunction with the Center for Mental Health Services (CMHS), added demographic, treatment, and social connectedness questions. This year, consumers were asked to provide additional information pertaining to their social connectedness, including whether they are satisfied with their friendships and whether they feel a part of their community. A new functioning domain was also added.

To determine consumer perceptions of CSB services, five outcome indicators were calculated based on responses to the MHSIP Consumer Survey. These indicators were:

- **Consumer Perception of Access**, defined as the percentage of consumers who reported good access to services.
- **Consumer Perception of Appropriateness**, defined as the percentage of consumers reporting that they received services appropriate to their needs.
- **Consumer Perception of Outcome**, defined as the percentage of consumers who reported positive change as a result of the services they received through the CSB.
- **Consumer Satisfaction with Services**, defined as the percentage of consumers who reported general satisfaction with CSB services.
- **Consumer Perception of Functioning**, defined as the percentage of consumers who reported improved functioning as a result of the services they received through the CSB.

Findings

- All 40 CSBs participated in the survey. Of the 12,834 consumers eligible for the survey, 8,031 submitted the survey (of which 8,011 were complete on at least one domain), yielding a response rate of approximately 63%.
- Survey respondents were 8,031 adult mental health (MH), substance use (SUD) and co-occurring mental health and substance use disorders (MH/SUD) outpatient consumers presenting for clinic appointments over the course of one workweek.
- The majority of respondents were White (62%), female (51%), and between the ages of 21 and 64 (93%).
- More than half (54%) identified themselves as receiving treatment for MH problems, while 28% reported receiving treatment services for SUD alone, and 18% for MH/SUD.
- Slightly more respondents reported being in treatment for at least one year (54%) than reported being in treatment for less than one year (46%).
- Approximately 33% of the respondents were referred for treatment services by family, friends, or self. Consumers seeking SUD services were more likely to have been referred by the criminal justice system or the department of social services (67%), while MH consumers were more likely to have been referred by physicians or hospitals (47%).
- About 7% of the respondents reported that they had been homeless at some time during the six months prior to completing the survey.
- Twenty-three percent had been arrested during the past twelve months. About seventeen percent had been arrested during the preceding year.
- Nineteen percent had at least one psychiatric hospitalization during the past twelve months.
- Forty-nine percent had some kind of paid employment during the year preceding the survey.

Demographic Characteristics and Outcome Indicators

- The majority of Virginia's adult consumers reported positive perceptions of services received through the CSBs.
- 83.0% (N=7,928) of consumers reported satisfaction in the domain of Access, 85.9% (N=7,859) in the Appropriateness domain, 74.6% (N=7,756) in the Outcome domain, 85.73% (N=7,921) in the General Satisfaction domain, and 70.9% (N=7,768) in the Functioning domain.
- Women were scored higher on the General satisfaction, Access, and Appropriateness domains, while men scored higher on the Outcome and Functioning Domains.
- Consumers in the youngest age group were significantly less likely to report positive perceptions on all domains than consumers in older age groups.
- Hispanic consumers were significantly more likely to report positive perceptions on the Outcome and Functioning domains than non-Hispanics.
- African-American and consumers in the "Other" category of race were significantly more likely to report a positive perception on the Outcome and Functioning domains than were Whites. However, Whites and African-Americans were more likely to report positive perceptions in the General Satisfaction domain.

- In general, consumers who had been receiving services for longer periods reported more positive perceptions than consumers who received services for only a short time. These differences were significant for the General Satisfaction, Access, and Outcomes domains.
- Those consumers who indicated that they had not been homeless in the past six months were more likely to report positive perceptions of service in all domains than those who had been homeless. Also, consumers who had not moved within the last six months were more likely to report positive perceptions in all domains, as well.
- Those who indicated that they had not been arrested within the past twelve months were significantly more likely to report positive perceptions on the General Satisfaction, Access, and Appropriateness domains than those who had been arrested. However, those who reported being arrested in the past twelve months scored significantly higher in the Outcomes and Functioning domains.
- Those who reported that they had not had a psychiatric hospitalization in the past twelve months were significantly more likely to report positive perceptions on the Outcome and Functioning domains than those who had been hospitalized. However, those that reported being hospitalized scored slightly higher in the General Satisfaction and Access domains than respondents that were not hospitalized.
- Those who indicated that they had not worked at a paid job in the past 12 months were significantly more likely to report positive perceptions on the General Satisfaction, Access domains, while those who had paid employment in the past 12 months were more likely to report positive perceptions on the Outcome and Functioning domains.
- Consumers who indicated higher levels of social connectedness (e.g., support in times of crisis, source of people with whom to do enjoyable things, friendships, and a sense of belonging in their community) were considerably more likely to report positive perceptions of services on all domains. The most significant differences were in the Outcome and Functioning domains.

Service Areas

- Analyses assessing consumer perceptions in the following three service areas were conducted: MH, SUD and MH/SUD.
- The MH consumers were more likely to report positive perceptions than SUD consumers or MH/SUD consumers on the General Satisfaction, Access, and Appropriateness domains.
- The SUD consumers were more likely to report positive perceptions on the Outcome and Functioning domains than either MH or MH/SUD consumers.
- Consumers who received both MH and SUD services were more likely to report positive perceptions in the Outcome and Functioning domains than MH consumers and were more likely to report positive perceptions of outcomes in the General Satisfaction, Access, and Appropriateness domains than SA consumers.

Conclusion

- The majority of Virginia's adult consumers receiving MH and SUD services continue to report positive perceptions of the services received through the CSBs on several domains. More than 80.0% of consumers reported positive perceptions on the domains of Access,

Appropriateness, and General Satisfaction. About 75% of consumers reported positive perceptions of Outcomes, which is slightly higher than in previous years.

Limitations

Several limitations prevent conclusive interpretation of these findings. These are:

- Considerable variability was found in reported survey response rates, ranging from 25.5% to 96.7% of kept non-emergency appointments for the survey week.
- The results of this survey reflect the perceptions of only those consumers in treatment at the time of the survey and who agreed to complete it. Thus, the survey is open to self-selection biases. It is possible that there are differences between the consumers who completed the survey and those who did not. However, such information was not collected to test for differences.
- Because consumers who are not in treatment are not surveyed, these results cannot be generalized to all consumers served by CSBs.
- The MHSIP measure used for this survey was designed to improve the quality of mental health programs and services, and not necessarily designed for substance use disorder populations. Therefore, caution should be taken when interpreting the results for consumers with SUDs.
- All variables were obtained by self-report, making the findings open to self-report biases.
- Finally, because the survey is a cross-sectional design, these findings represent the perceptions of consumers only at the time of the survey. Perceptions and attitudes are subject to continuous change over time.

Despite these limitations, the survey clearly contributes to a greater understanding of consumer perceptions about publicly funded MH and SUD treatment services. Age and gender differences in perception of CSB services, for example, highlight the need for CSB staff members to be aware of the implications of such demographic characteristics when providing treatment services.

INTRODUCTION

Purpose of the Survey

The Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) has identified consumer satisfaction and perceptions of Community Services Boards (CSBs) as a performance measure to be assessed on an annual basis. The DMHMRSAS administered its eleventh annual statewide survey of consumer perceptions of CSB services in October 2006. For the eighth consecutive year, data were collected on adult mental health and substance use disorder consumers who presented for non-emergency outpatient services over the course of one workweek.

Interpretation of the Results

- Results of the surveys are given in percentages. This report uses the following guide. Percentage (%) agree includes those who indicated, “Strongly Agree” or “Agree” as a response. Percentage (%) disagree includes those who indicate the categories of “Disagree” or “Strongly Disagree” as a response.
- For data analysis, some patient and treatment categories were collapsed into meaningful categories. Race was collapsed into White, African-American and Other, because the numbers of respondents who self-identified as Asian, Pacific Islander, Native American, etc. were too small for the results to be statistically significant. The age categories, duration of treatment and referral source categories were collapsed also.
- Analysis was done using SPSS 14.0. Chi-square tests and ANOVAs were used as appropriate. Significant differences are those differences that are statistically significant at the $p \leq .05$ level, $p \leq .01$, or $p \leq .001$ level as denoted.

Organization of the Report

This document is divided into four chapters organized by the results of the survey. The four chapters are Statewide, Mental Health, Substance Use Disorders and co-occurring Mental Health and Substance Use Disorders. Appendix A is the survey instrument and Appendix B has information pertaining to Internet resources.

Contact Information for Questions

Statewide Data
Mental Health Disorders

Will Ferriss, OMH
(804) 371- 0363
will.ferriss@co.dmhmrssas.virginia.gov

George E. Banks, OMH
(804) 371-7428
george.banks@co.dmhmrssas.virginia.gov

Substance Use Disorders
Mental Health/Substance Use Disorders

Sterling Deal, OSAS
(804) 786-3906
sterling.deal@co.dmhmrssas.virginia.gov

METHODOLOGY

Measure

Consumers were surveyed by means of a questionnaire distributed by administrative staff at the Community Service Boards (CSBs). The questionnaire (see Appendix A) used for this project was the 24-item version of the Consumer Survey developed for the Mental Health Statistics Improvement Program's (MHSIP) *Consumer-Oriented Mental Health Report Card*. In addition, four questions were added regarding functioning, two additional questions regarding social connectedness, and one regarding consumer run programs. The MHSIP Consumer Survey was designed to measure consumer perceptions of community-based services on several dimensions, including access to services, appropriateness, quality of services, and consumer perceptions of positive change and functioning (outcomes) as a result of services. Respondents were also asked to self-identify the reason they were receiving services: mental health (MH), substance use disorder (SUD), co-occurring mental health and substance use disorder (MH/SUD). The following demographic information was collected: race, gender, ethnicity, age, length of time receiving services and referral source. Questions were asked regarding involvement with the justice system, employment, job training, psychiatric hospitalization, and housing status. CSBs were also asked to provide a report of the number of kept non-emergency appointments for adult mental health and substance use disorder consumers during the survey week, to calculate survey response rates.

Administration of the Survey

The 40 CSBs distributed the Consumer Survey to adult consumers of mental health and substance use disorder outpatient and case management services for the week of their choice, either the last week in September or the first week in October of 2006. A Spanish version of the survey was provided as needed. Completion of the surveys was voluntary and confidential. The CSBs returned the completed surveys to Old Dominion University (ODU) for processing. DMHMRSAS contracted with ODU to revise the survey (minimal changes from the previous year), provide the surveys to and receive the surveys from CSBs via mail, and to process the completed data. The Office of Mental Health (OMH) and the Office of Substance Abuse Services (OSAS) were responsible for data analyses and reporting. A total of 8,031 surveys were submitted, representing approximately 63% of the consumers receiving treatment in CSBs during the week of the survey. See Figure 1 on page 9 for a breakout by CSB.

Domain Definitions

Consumers responded to the 29 items of the Mental Health Statistics Improvement Program's (MSHIP) *Consumer-Oriented Mental Health Report Card* on a 5-point scale such that "1" represented strong agreement, "5" represented strong disagreement, and "3" indicated a neutral response. A copy of the survey instrument is in Appendix A.

- The **General Satisfaction** domain is comprised of Items 1-3; at least two of the items had to be completed by the consumer for the subscale to be calculated.

- The **Access** domain consists of Items 4-7; a minimum of two items had to be completed by the consumer to calculate this subscale.
- The **Appropriateness** domain (Items 9, 11-13, 15 and 16) required at least three items to be completed by the consumer for the subscale to be calculated.
- The **Outcome** domain (Items 17-23) required at least four items to be completed by the consumer for the subscale to be calculated.
- The **Functioning** domain (items 25-28) required at least three items to be completed by the consumer for the subscale to be calculated.

Sample

The questionnaire was administered to adults who presented for mental health and substance use disorder outpatient and case management services during a five-workday period at each CSB. Specifically excluded from the survey were:

- Individuals receiving only emergency, jail-based, detoxification, prevention, residential, psychosocial, or inpatient services;
- Individuals presenting for their first appointment for the treatment episode.

The questionnaire was administered to all eligible consumers throughout each day, including evening hours, if applicable. CSBs were asked to make available a non-program staff person (e.g., a prevention, reimbursement, or clerical staff person or volunteer) to assist in the process and ensure that all consumers targeted for the survey received a copy of the questionnaire, and to provide assistance to consumers. Consumers were given the choice of completing the questionnaire on their own, or having someone administer the questionnaire to them. Consumers were instructed to leave the completed survey in a box designated for the collection of surveys. This assured the anonymity of the respondents.

Analyses

Response Rates and Valid Cases

- All forty CSBs participated in the survey. CSBs were required to provide the total number of scheduled and kept appointments over the 5-day survey period for consumers meeting the inclusion criteria, to calculate response rates.
- While response rates varied considerably among CSBs, from a low of 25.5% to a high of 96.7%, about 63% of eligible consumers completed the surveys across all CSBs. Eight CSBs reported response rates under 50%, while 10 CSBs reported response rates of 75% or higher.
- The higher the response rate, the more likely that the sample obtained by the CSB in question is representative of consumers served by the CSB. Response rate data by CSB overall and by disability area are presented in Figures 1 and 2.
- The statewide response rate and number of completed surveys were approximately the same as last year.
- Surveys were counted as “completed” if at least one of the five domain subscales could be calculated. In order for each subscale to be calculated, a minimum number of items had to have been completed by the consumer.

Figure 1: Overall Response Rate by CSB *

* Response rate for one CSB could not be calculated as scheduled appointment data was not available.

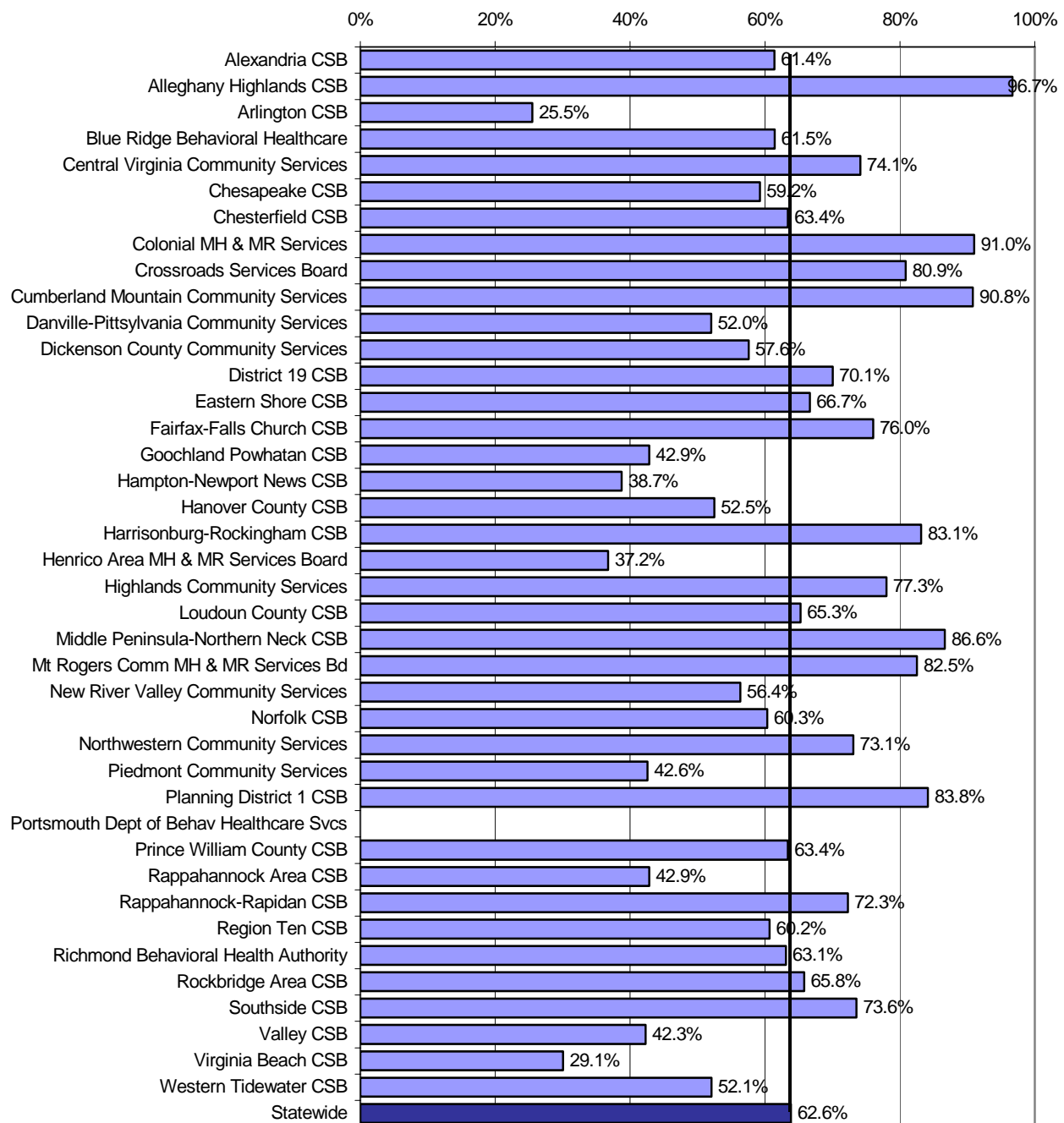
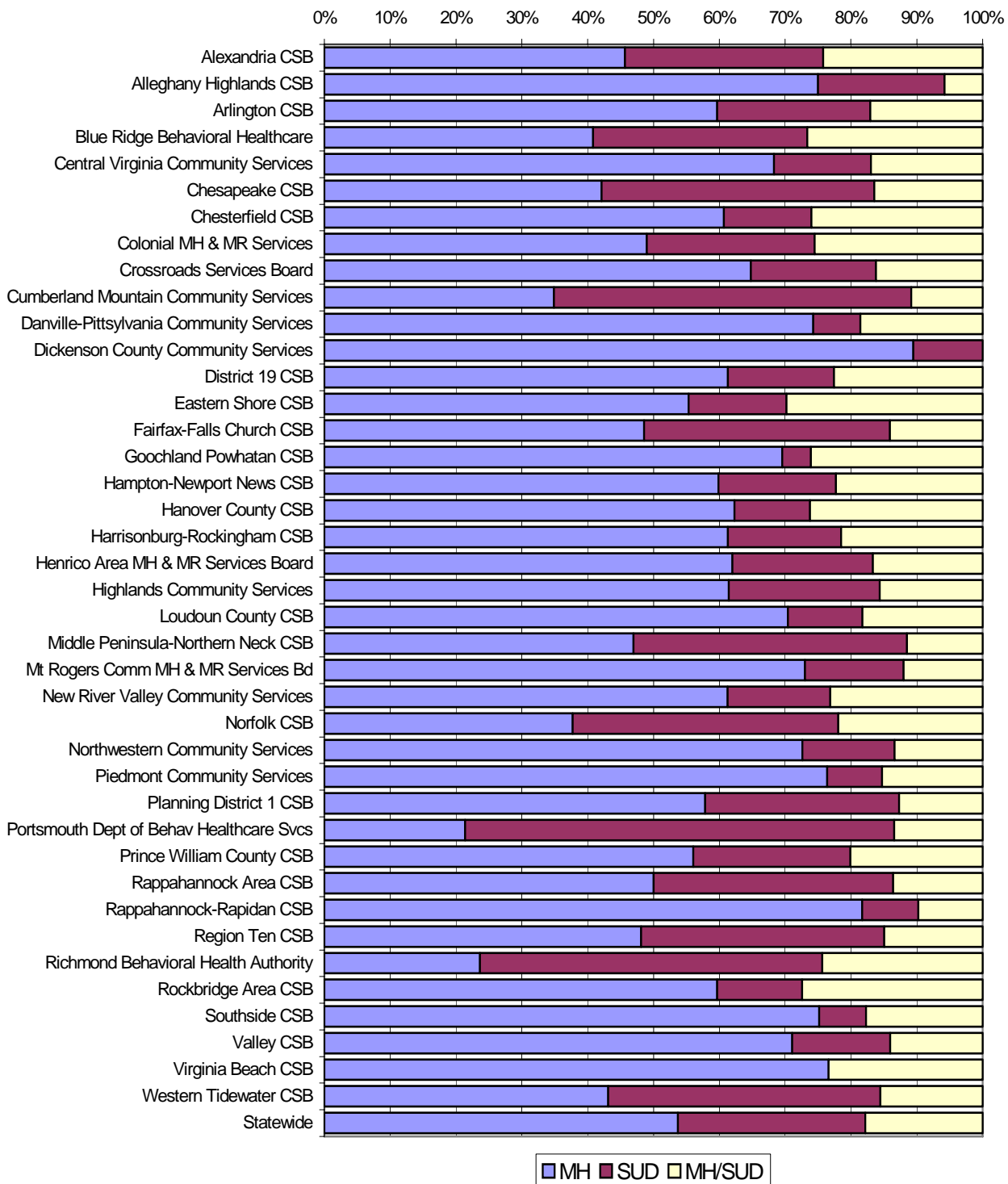


Figure 2: Response Rate by Service Area per CSB



CHAPTER 1 : STATEWIDE SURVEY RESPONSES

Because this survey instrument was designed to gather satisfaction data primarily for the improvement of the quality of mental health programs and services, demographic and treatment characteristics are tabulated by service area as well as overall totals and are shown together in this section for ease of comparison. See individual service area chapters for further detail on levels of satisfaction with services.

Demographics and Treatment Characteristics of Statewide Sample

A total of 8,031 consumers returned surveys with at least one valid response, of which 8,011 were complete on one or more domains.

Representativeness of Sample

A comparison of demographic characteristics of the survey sample with persons served by CSBs in FY 2006 revealed that the statewide survey sample is representative of consumers who were served by CSBs. The percentage of each demographic variable for the survey sample is within 6% of the percentages of consumers served by the CSBs as reported in FY 2006.

Figure 3: Self-Identified Reason for Services

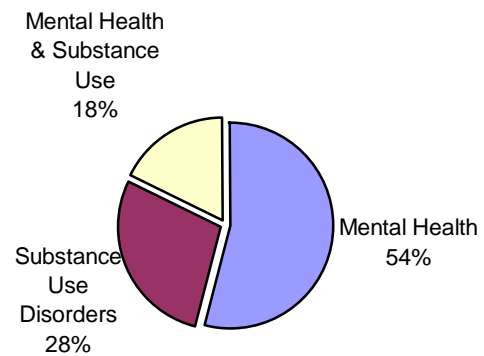
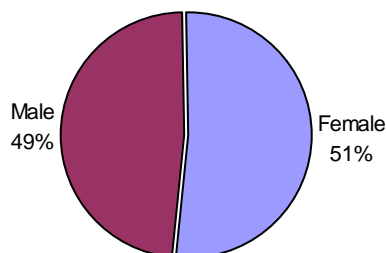


Figure 4: Sample by Gender



Chapter 1 Figure 5: Service Area by Gender

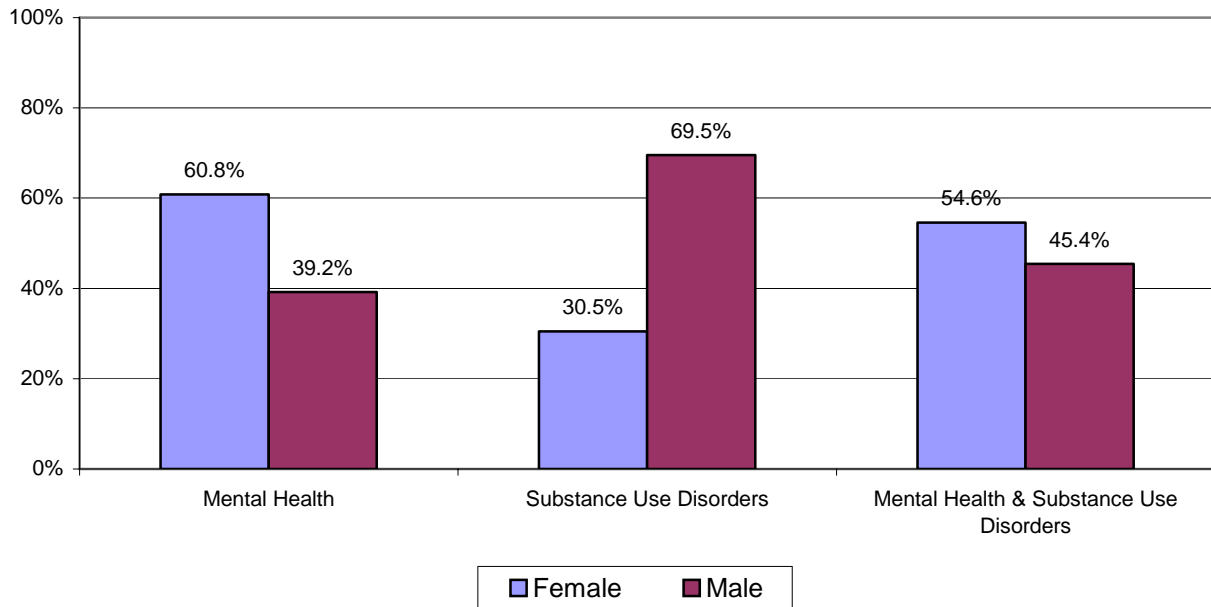


Figure 6: Gender by Service Area

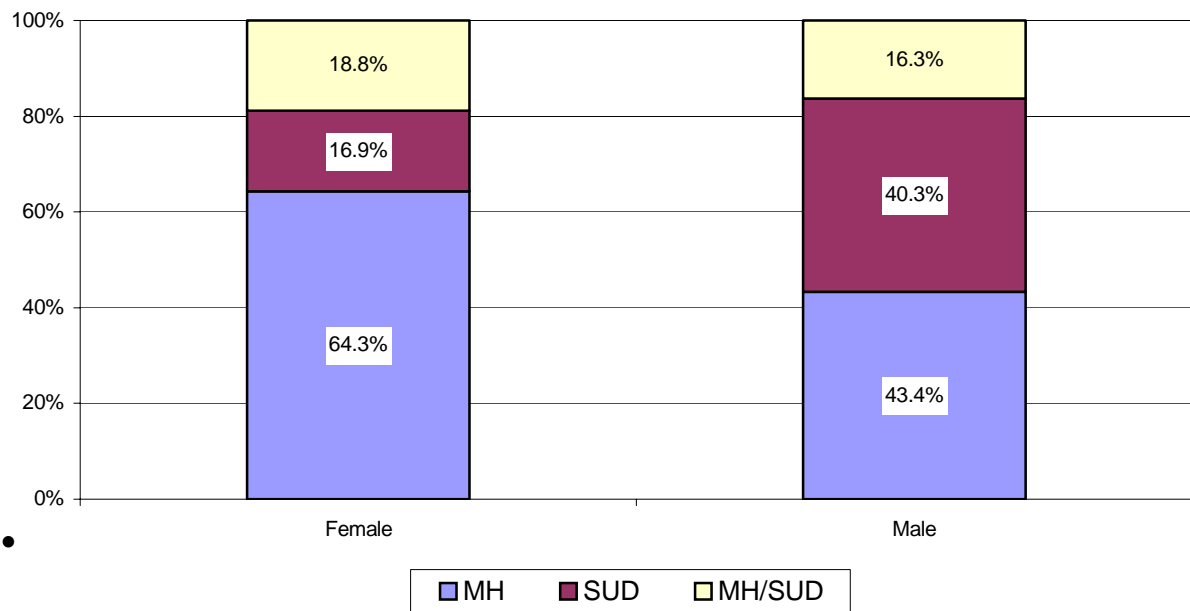
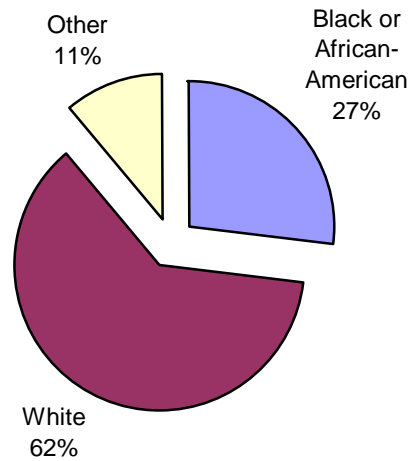


Figure 7: Sample by Race



- Those who indicated that they are Alaskan/Native American, Asian, or Pacific Islander were a combined total of 3.6% of all respondents. These categories were added to the “Other Race” category, which accounted for 7.7% of the responses.

Figure 8: Service Area by Race

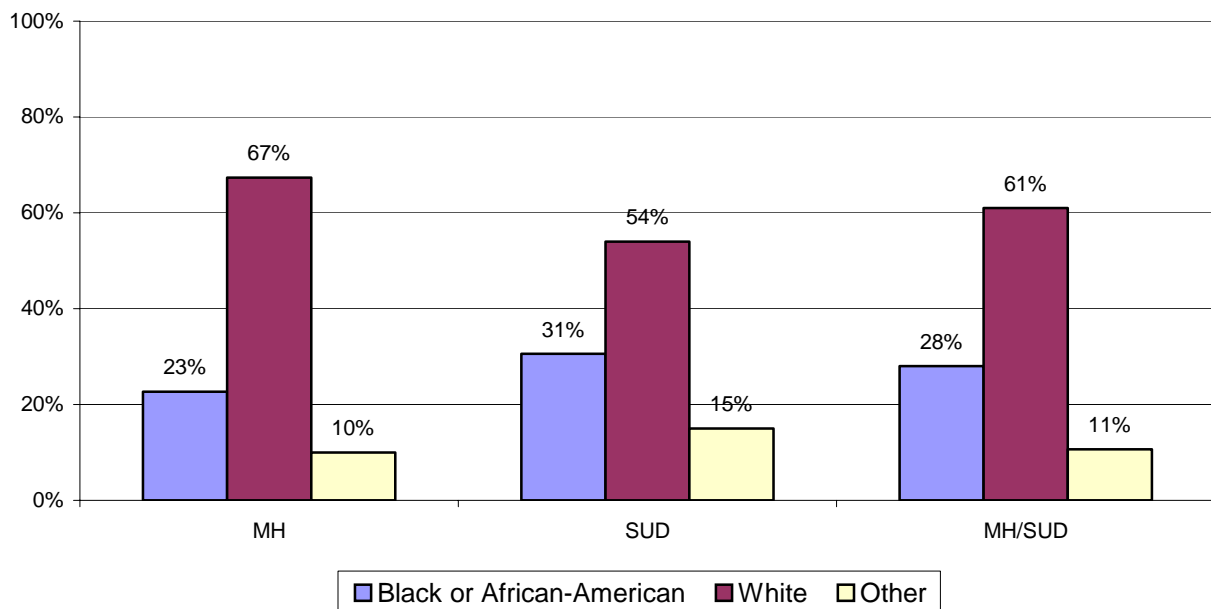
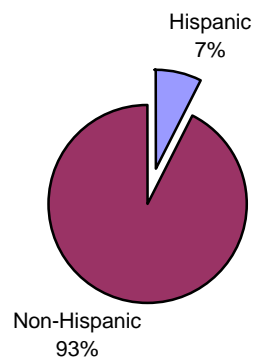


Figure 9: Sample by Ethnicity



Consumer comment: “I have been treated with respect & dignity. I have learned a lot. Being treated with kindness & respect has been appreciated & has allowed me to learn more with a clear & open mind.”

Figure 10: Service Area by Ethnicity

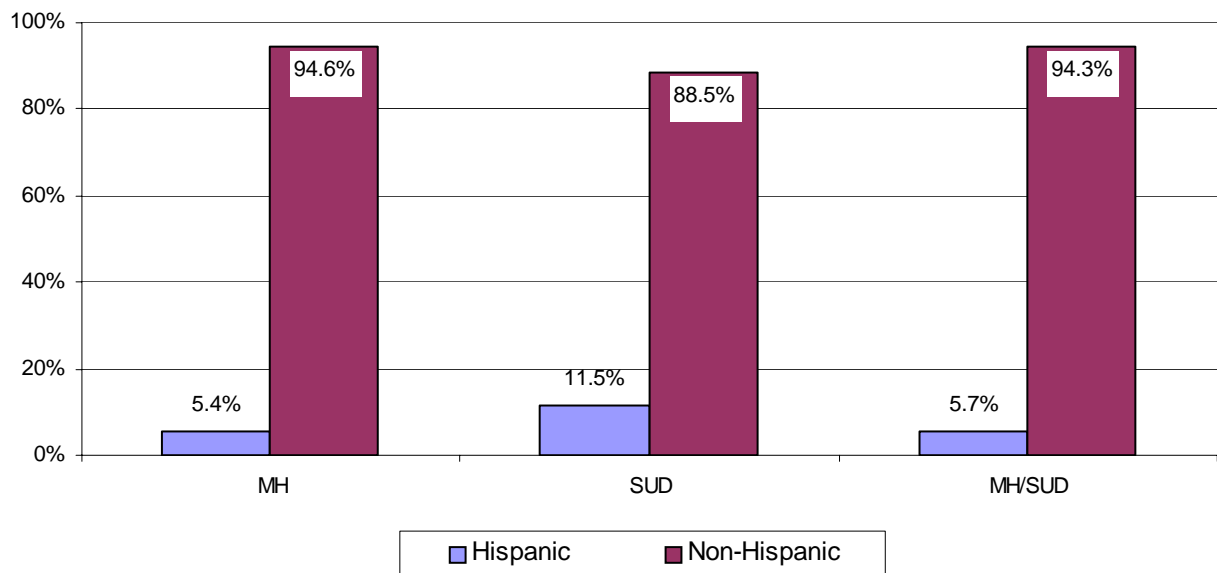


Figure 11: Sample by Age

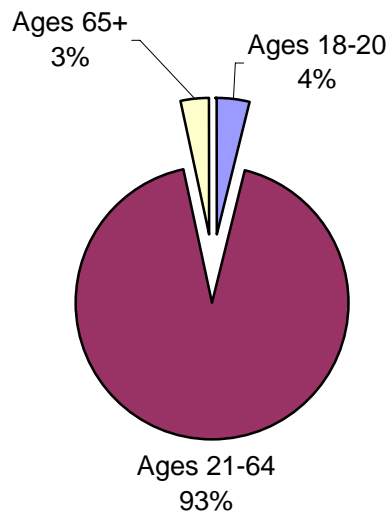


Figure 12: Service Area by Age

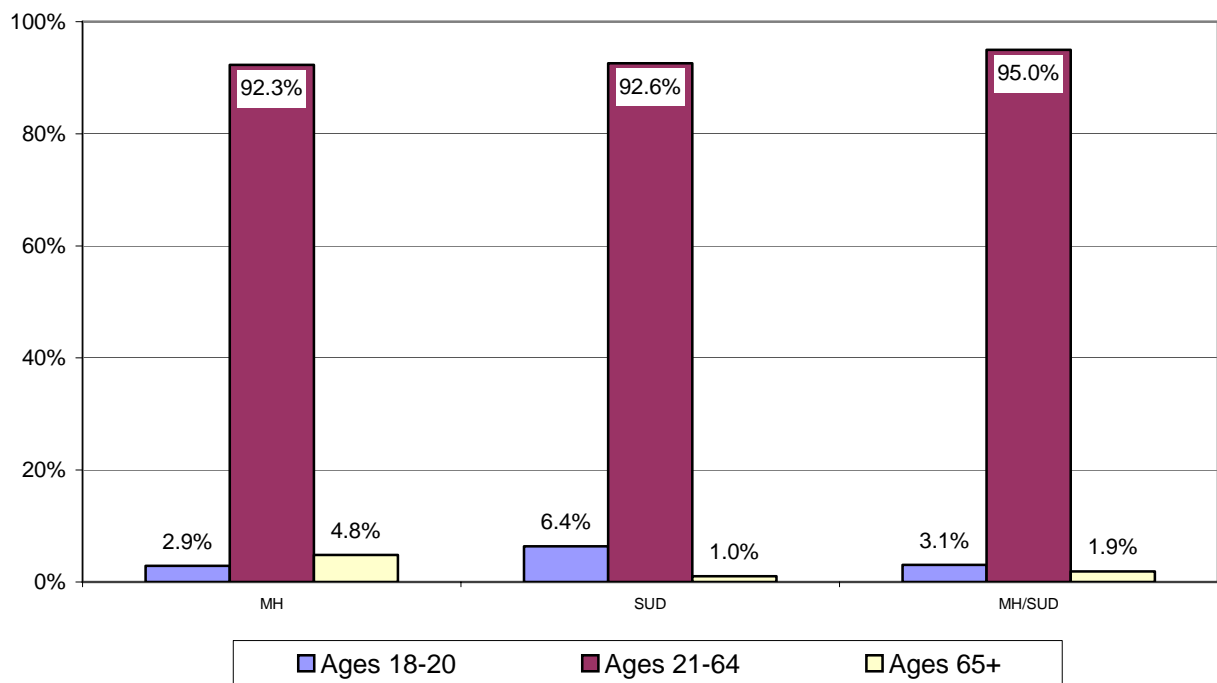
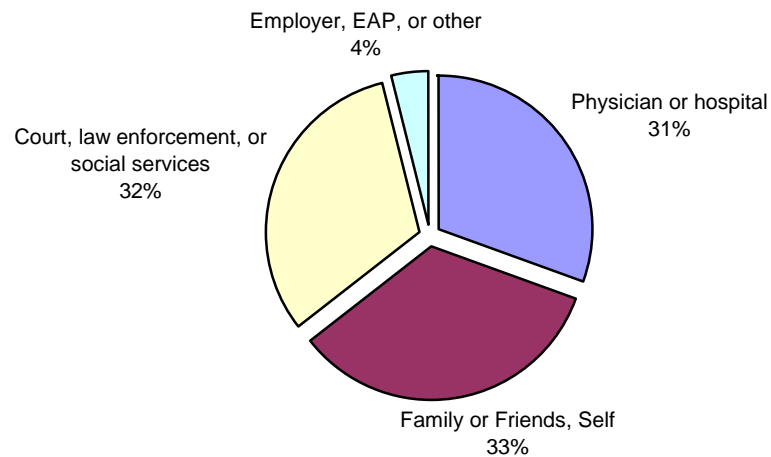
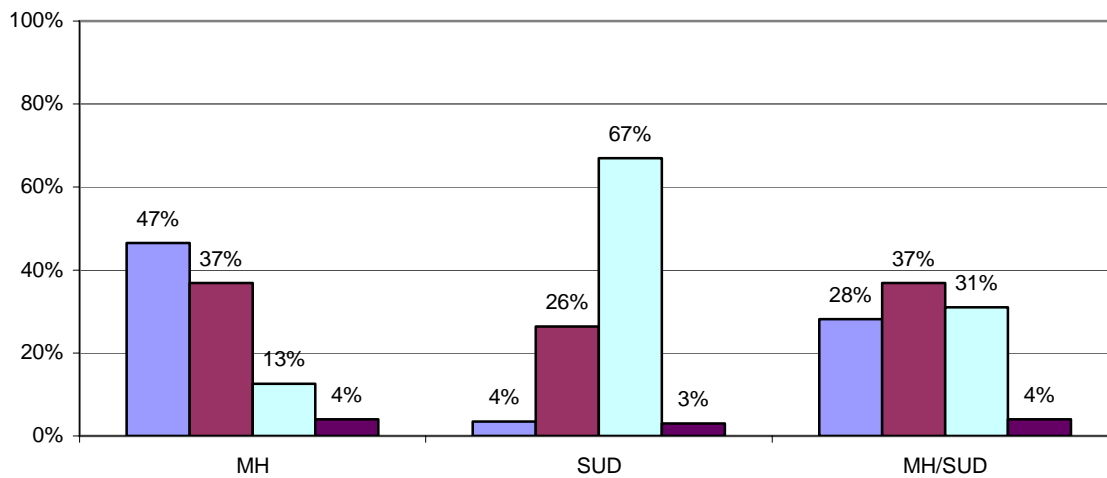


Figure 13: Referral Source



Consumer comment: “The organization needs to be more recovery oriented.”

Figure 14: Service Area by Referral Source



■ Physician or hospital
 ■ Family or Friends, Self
 ■ Court, law enforcement, or social services
 ■ Employer, EAP, or other

Figure 15: Duration of Treatment

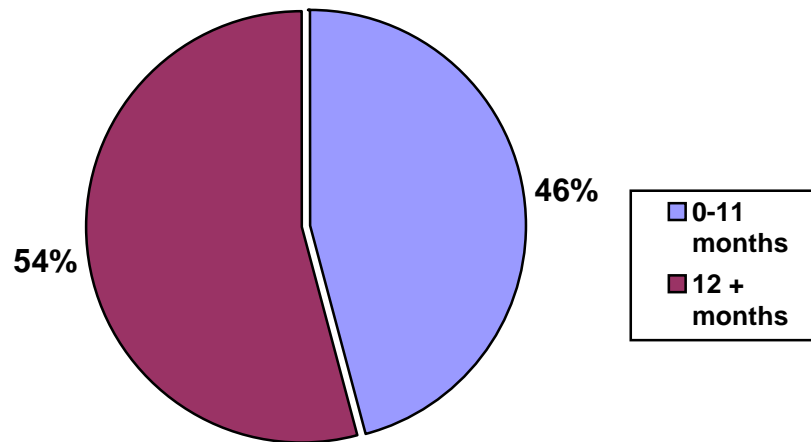


Figure 16: Service Area by Duration of Treatment

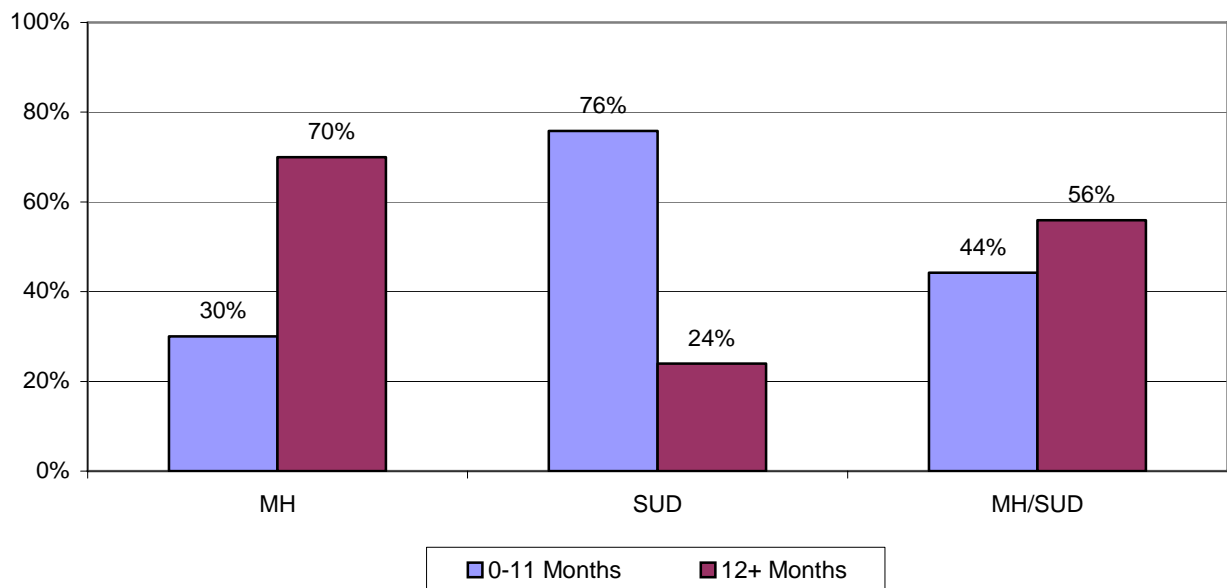


Figure 17: Service Area by Housing Status - Homelessness

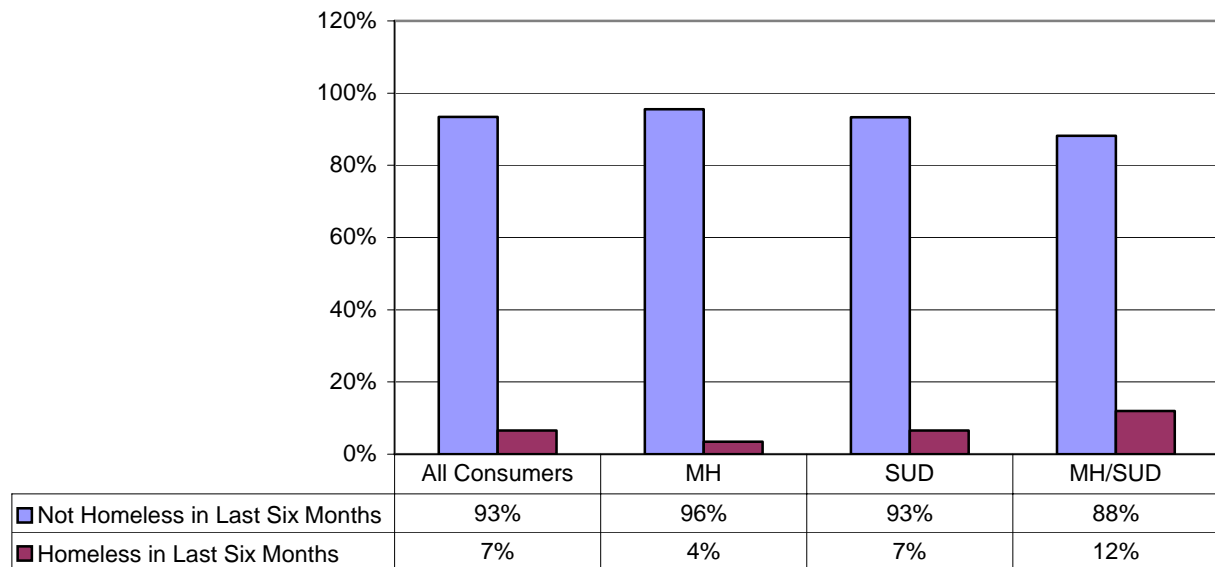
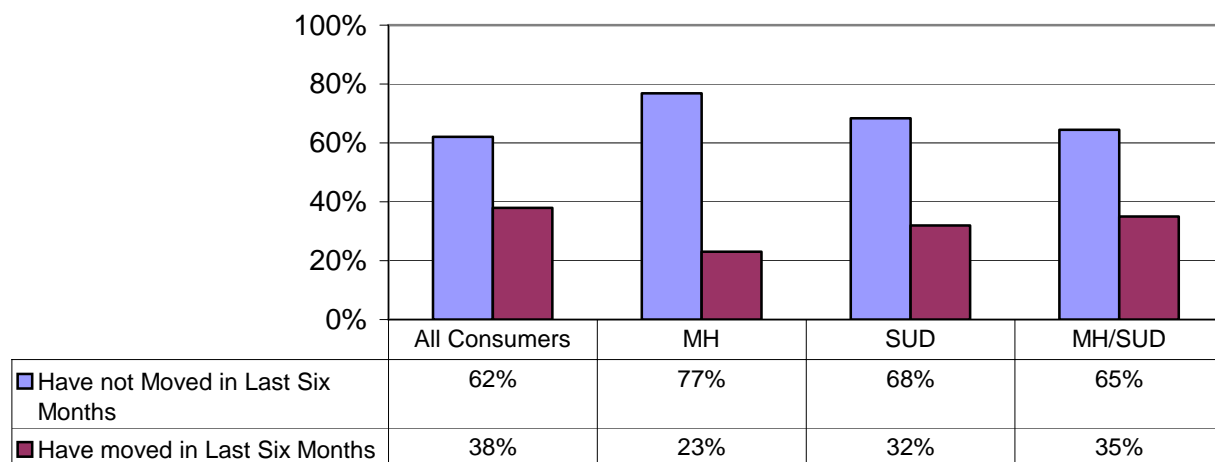


Figure 18: Service Area by Housing Stability



Consumer comment: “They have good services. It helps you learn how to deal with your illness.”

Figure 19: Service Area by Criminal Justice System Involvement in the Past 12 Months

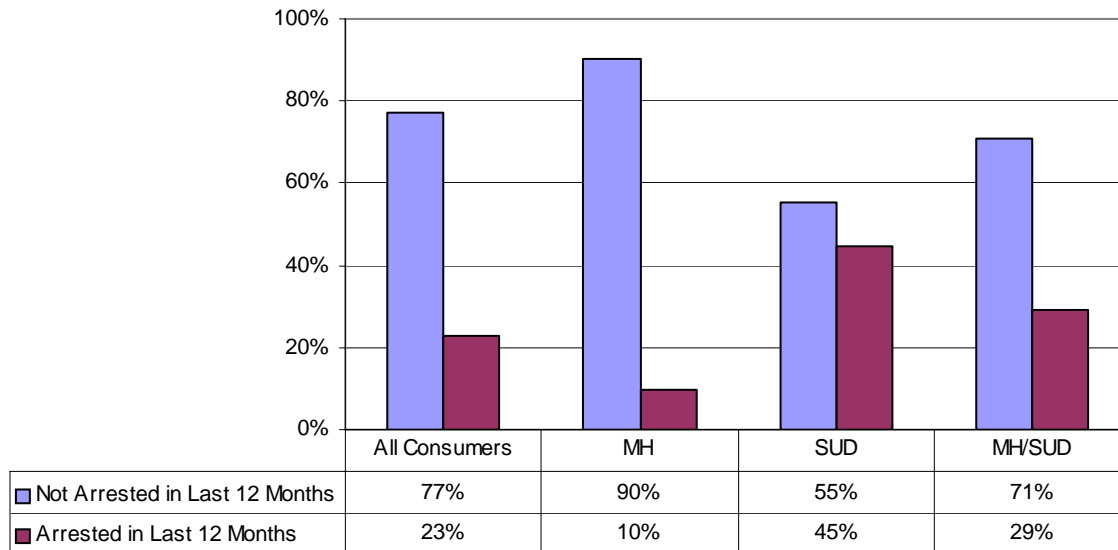


Figure 20: Service Area by Criminal Justice System Involvement in the Previous Year

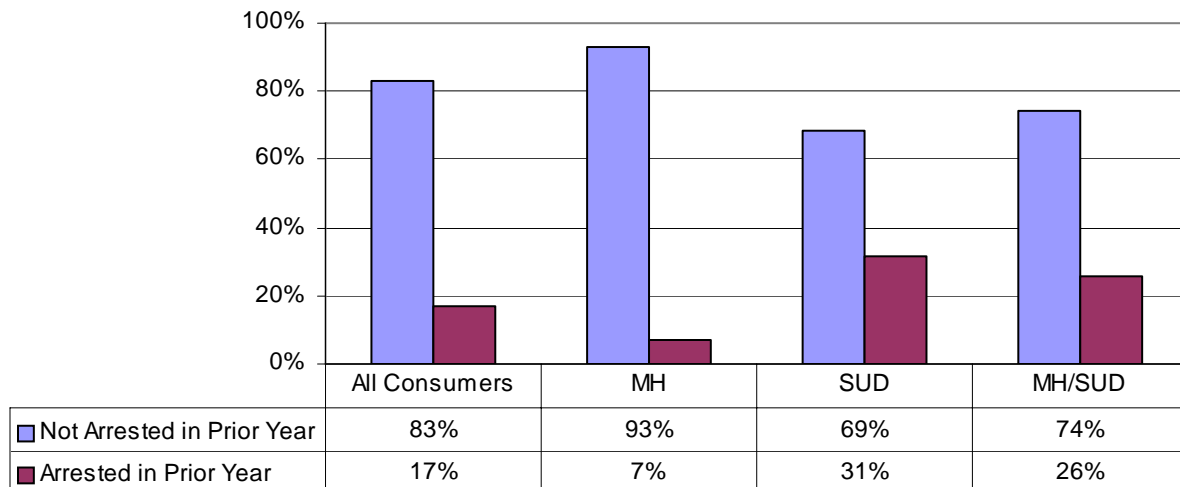


Figure 21: Service Area by Psychiatric Hospitalization

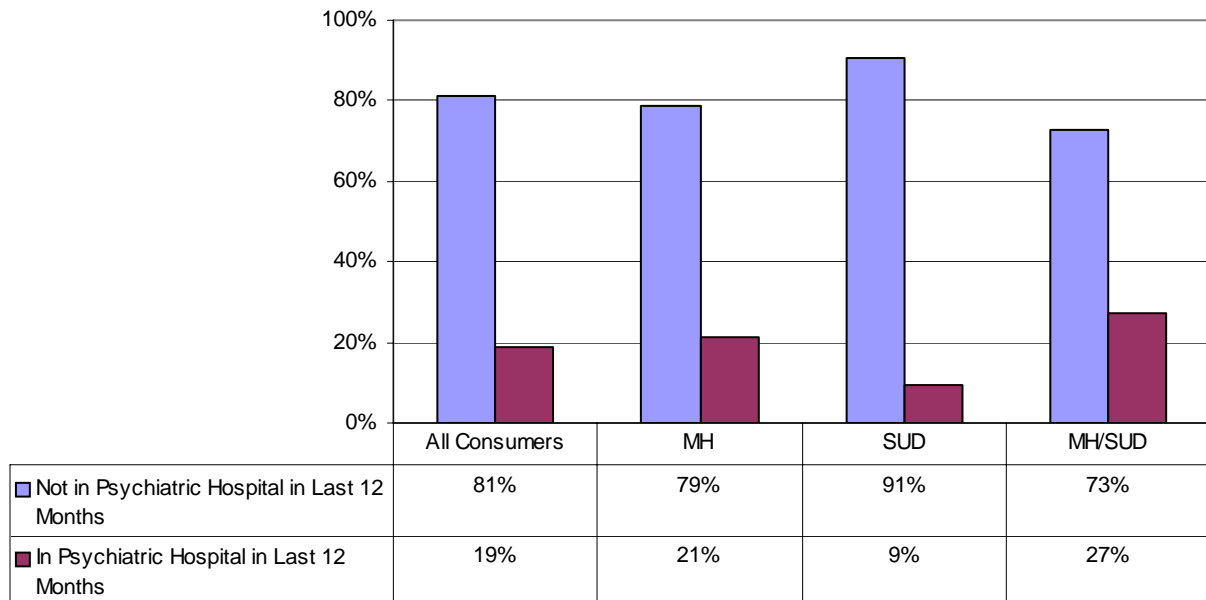


Figure 22: Service Area by Employment

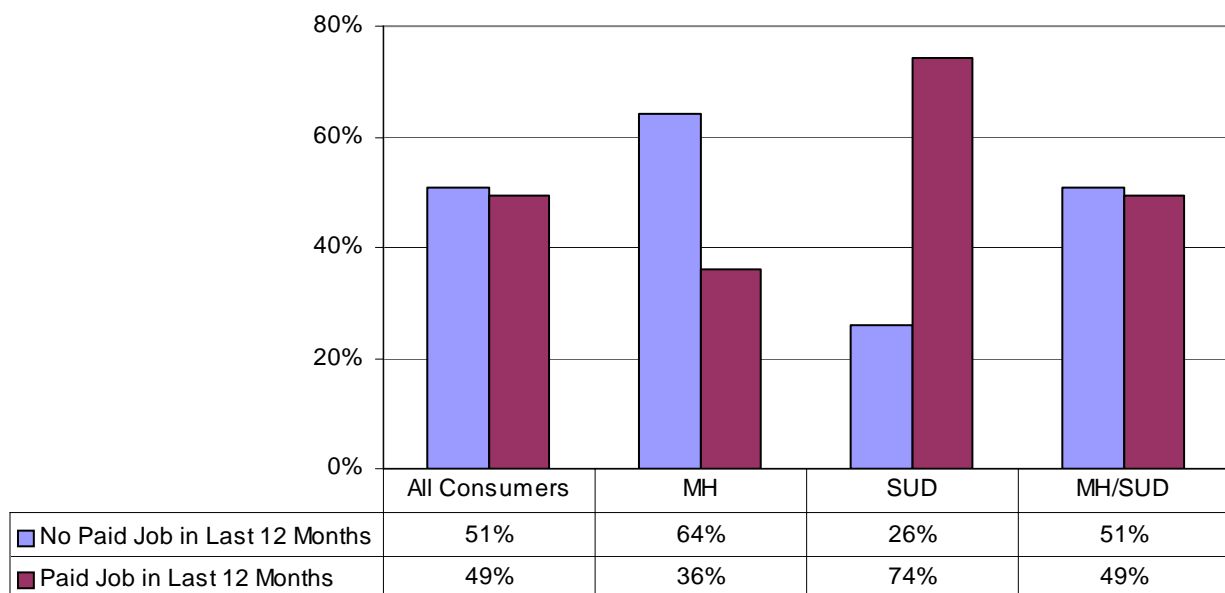


Figure 23: Service Area by Crisis Support

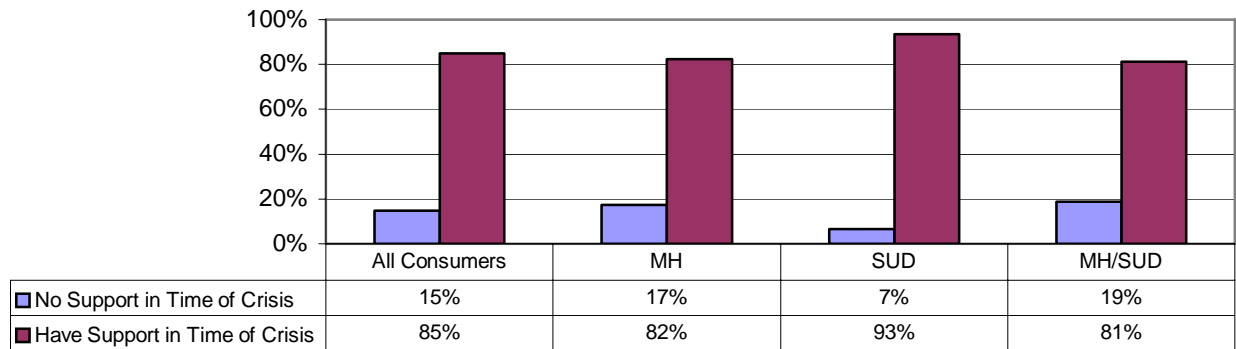


Figure 24: Service Area by Social Involvement

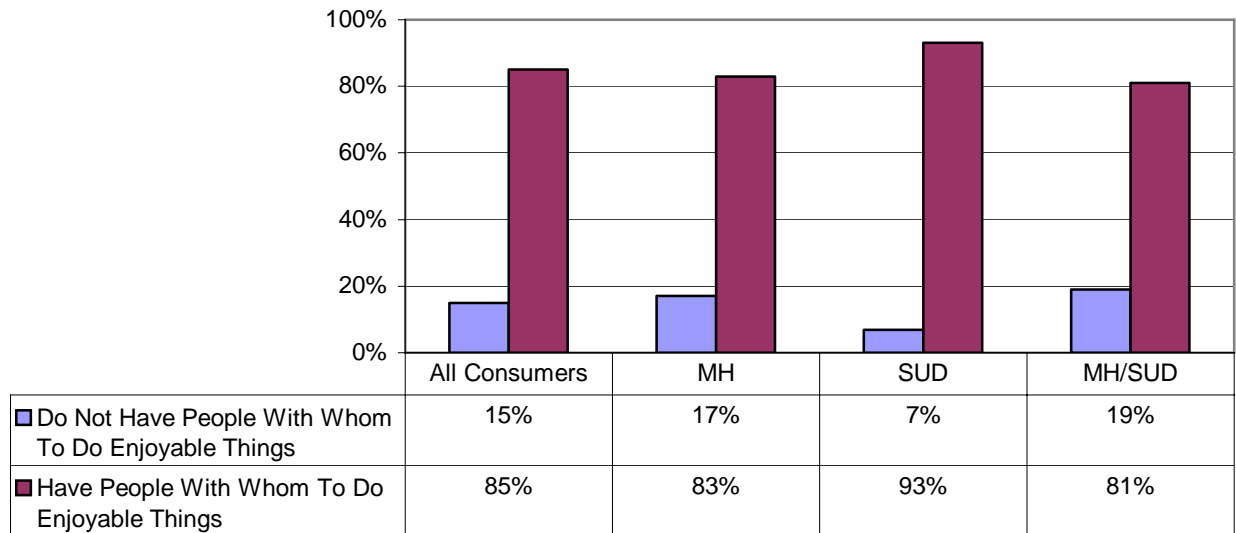


Figure 25: Service Area by Friendship Satisfaction

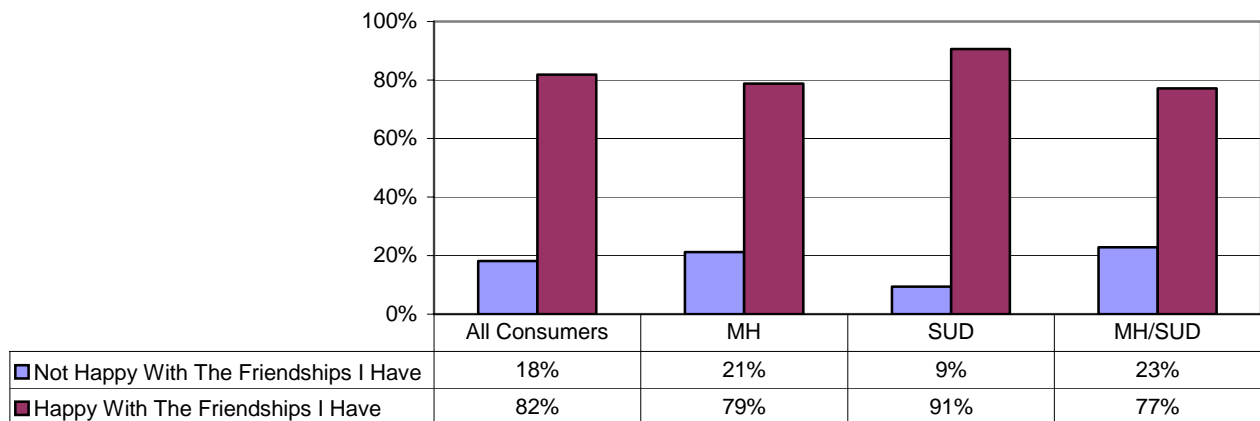
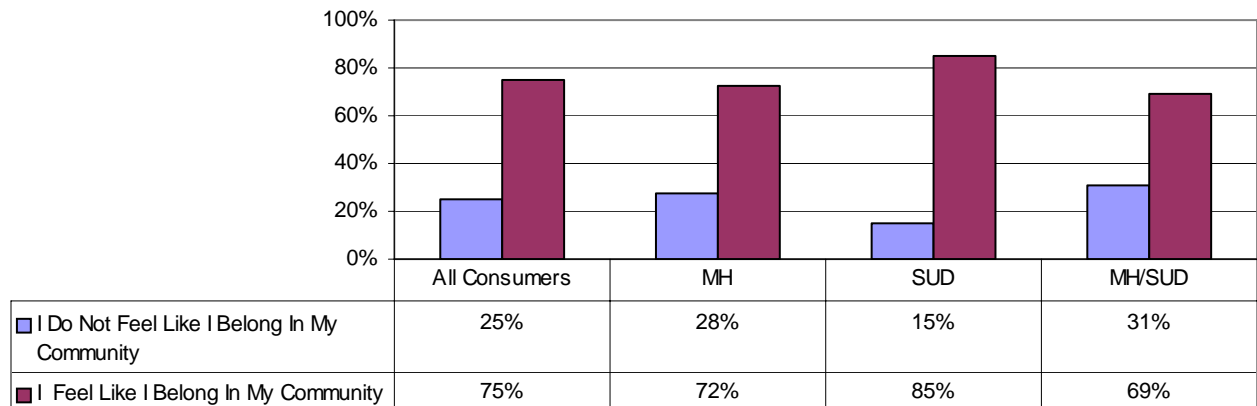


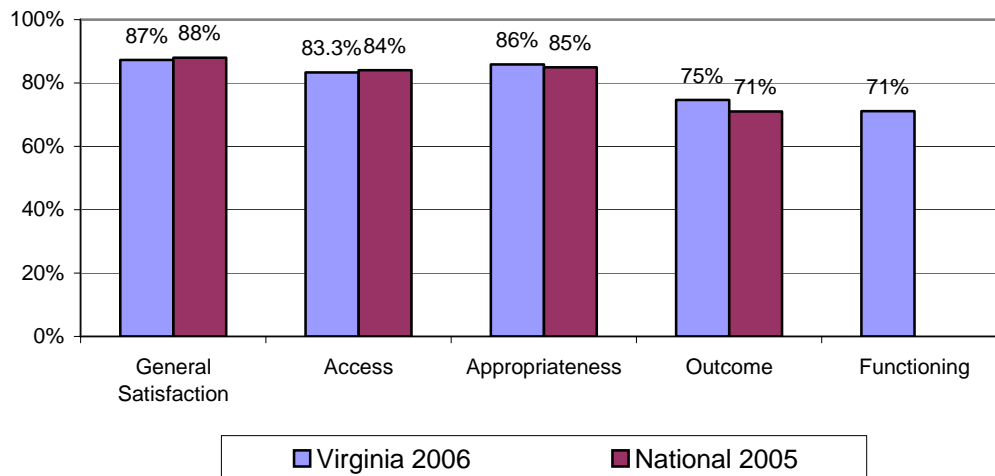
Figure 26: Service Area by Sense of Belonging



Satisfaction with Services On All Domains

When compared to the latest national survey results available (National Association of State Mental Health Program Directors/ NASMHPD Research Institute, 2005), Virginia consumers report similar levels of satisfaction on all domains. Note that the functioning domain data was not available in 2005.

Figure 27: Comparison of Virginia & National Survey Results by Domain



General Satisfaction Domain

- Over 88% percent agreed with the statement “I like the services that I receive”.
- Eighty-two percent agreed with the statement “If I had other choices, I would still get services from this agency”.
- About 88% reported that they would recommend this agency to a friend or family member.

Access Domain

- About 84% agreed that the location of services is convenient.
- About 87% percent agreed with the statement “Staff are willing to see me as often as I feel it is necessary.”
- Almost 81% agreed with the statement “Staff returns my calls within 24 hours.”
- About 85% agreed that services were available at times that were good for them.

Appropriateness Domain

- Eighty-eight percent agreed with the statement “Staff here believe that I can grow, change, and recover.”
- Almost 88% agreed with the statement “Staff respect my wishes about who is, and is not, to be given information about my treatment.”
- About 81% reported that staff is sensitive to their cultural background.
- About 79% reported agreement that staff tells them what medication side effects to watch for.
- Almost 82% reported that they feel free to complain.
- About 86% reported that staff helped them to obtain information needed for the consumer to take charge of managing the illness.

Outcome Domain

- About 78% agreed with the statement “I am better able to control my life”.
- About 80% agreed with the statement “I deal more effectively with daily problems”.
- About 69% reported that they did better at work or school.
- Seventy percent reported that they did better in social settings.
- Seventy-five percent reported that they were better able to deal with a crisis.
- About 75% reported that they got along better with their family.
- Sixty-nine percent agreed with the statement “My symptoms are not bothering me as much”.

Functioning Domain

- About 75% reported that “I do things that are more meaningful to me.”
- Seventy-seven percent reported that “I am better able to take care of my needs.”
- About 72% reported that “I am better able to handle things when they go wrong.”
- Seventy-two percent reported that “I am better able to do things that I want to do.”

Other Survey Items (not included in a domain or Total Satisfaction scoring)

- About 89% reported that they felt comfortable asking questions about their treatment and medication.
- Almost 85% agreed with the statement “I am able to get all the services I think I need.”
- Slightly over 73% agreed with the statement “I, not staff, decide my treatment goals.”
- About 69% agreed with the statement “I am satisfied with my living arrangements.”
- Almost 60% agreed with the statement “I was encouraged to use consumer run programs.”

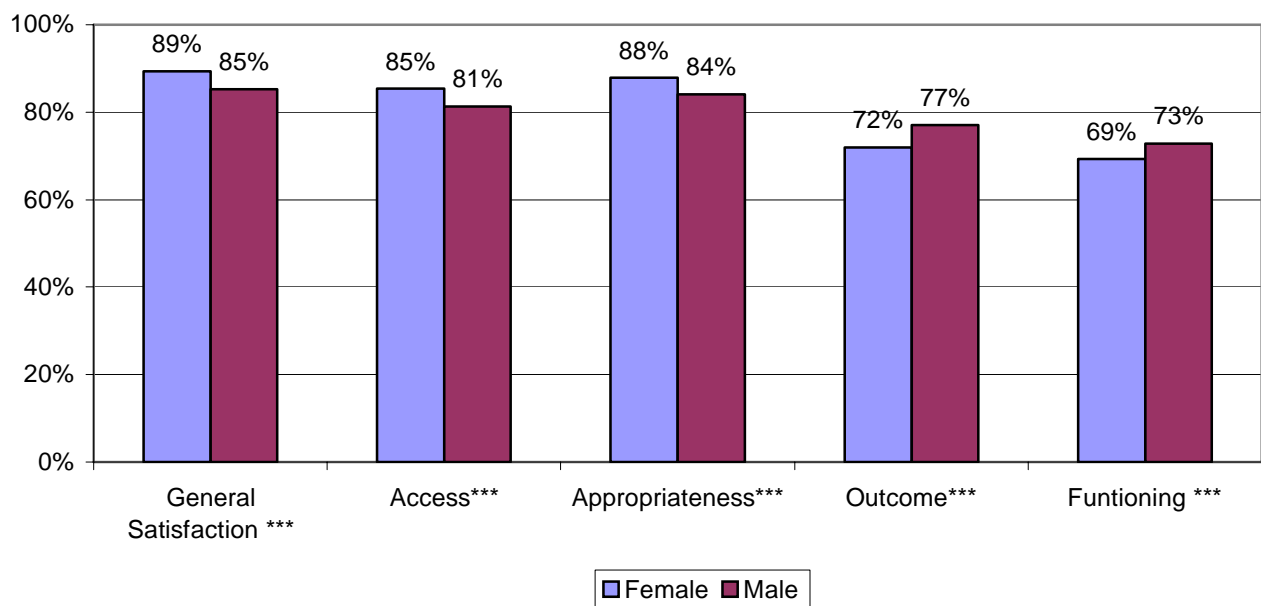
Consumer comments:

- **“The amount of time it takes to get into a program here is ridiculous. Something needs to be done about this!”**
- **“Doctors need to keep their appointment times better. For example, 3:00pm and having to wait till 4:00pm.”**

Differences Between Groups

Did Satisfaction Differ by Gender?

Figure 28: Consumer Satisfaction by Gender

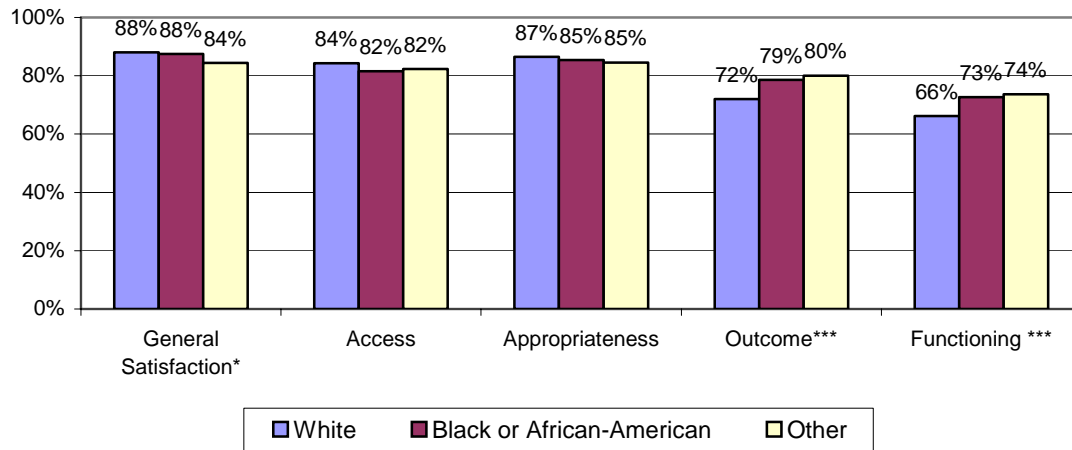


Consumer comment: “[The] women’s group and IOP are amazing. She is incredible and understanding. Every morning I look forward to her classes, especially the women’s groups. Also I feel this place truly saved my life by listening to my problems and sending me to the best place.”

*Differences between groups were significant at the $p \leq .05$ level
**Differences between groups were significant at the $p \leq .01$ level
***Differences between groups were significant at the $p \leq .001$ level

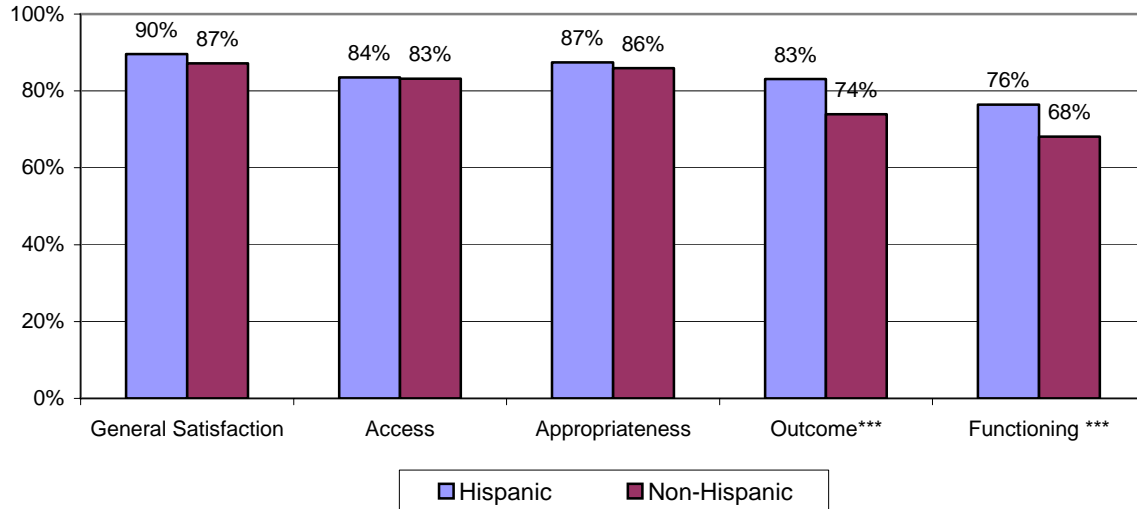
Did Satisfaction Differ by Race?

Figure 29: Consumer Satisfaction by Race



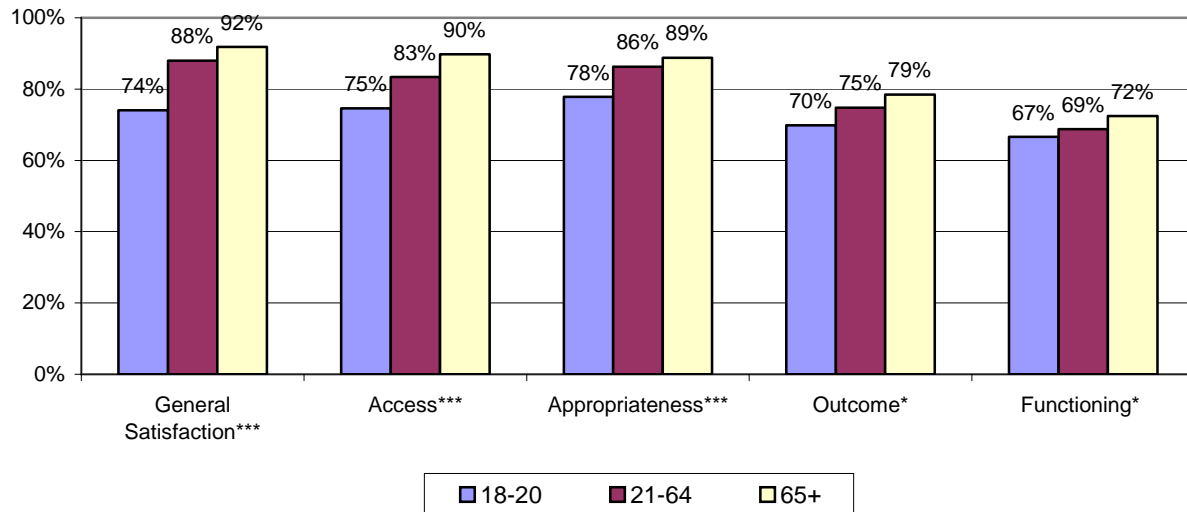
Did Satisfaction Differ by Ethnicity?

Figure 30: Consumer Satisfaction by Ethnicity



Did Satisfaction Differ by the Age Group of the Consumer?

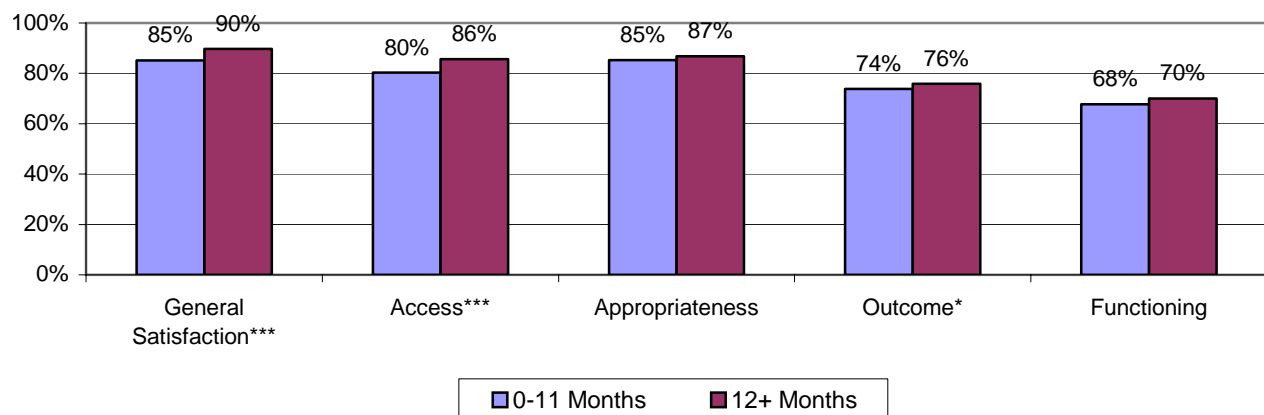
Figure 31: Consumer Satisfaction by Age Group



Consumer comment: “Thanks for the help, but if it were up to me, I would not be here at all. I hate the labeling.”

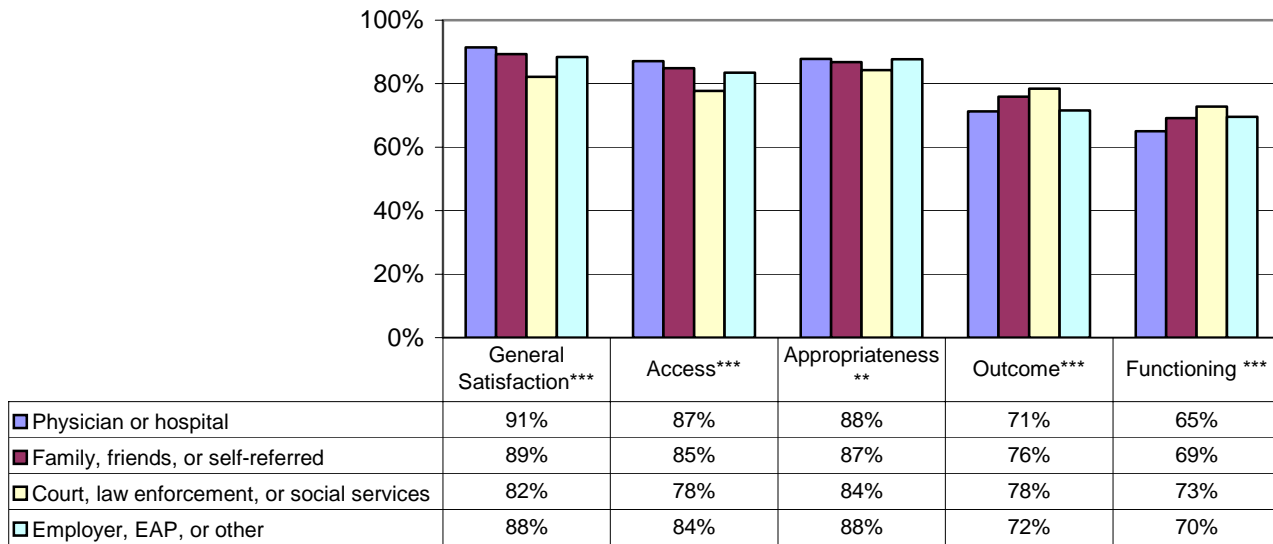
Did Satisfaction Differ by Length of Treatment?

Figure 32: Consumer Satisfaction by Length of Treatment



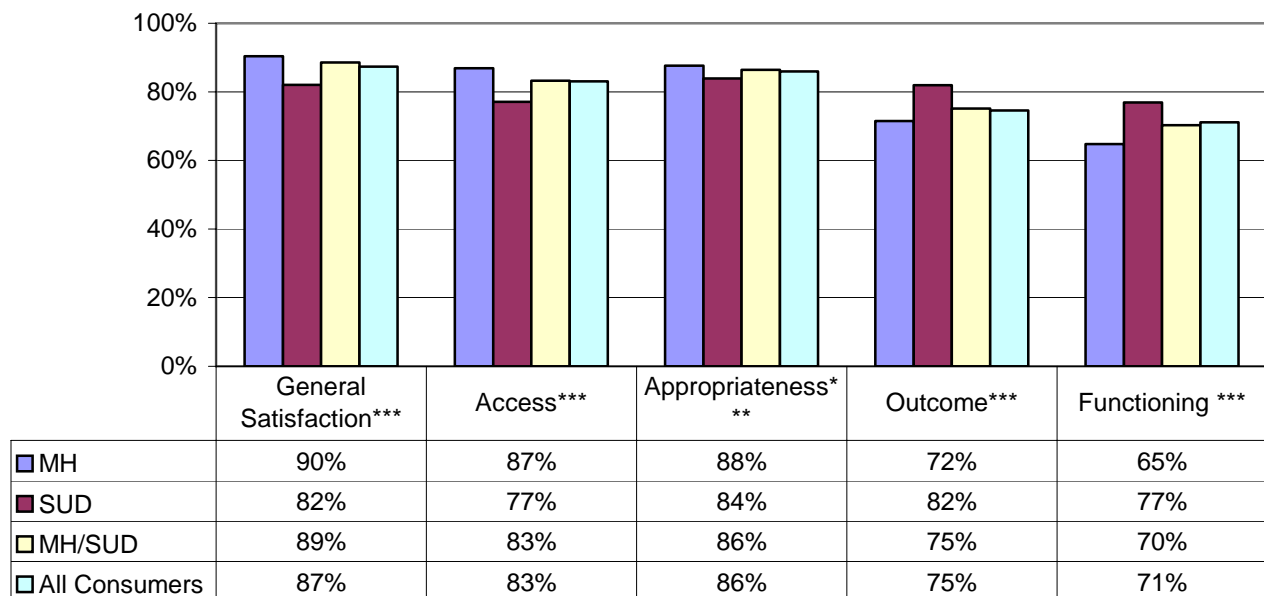
Did Satisfaction Differ by Referral Source?

Figure 33: Consumer Satisfaction by Referral Source



Did Satisfaction Differ by Service Area?

Figure 34: Consumer Satisfaction by Service Area



Did Satisfaction Differ by Housing Situation?

Figure 35: Consumer Satisfaction by Homelessness

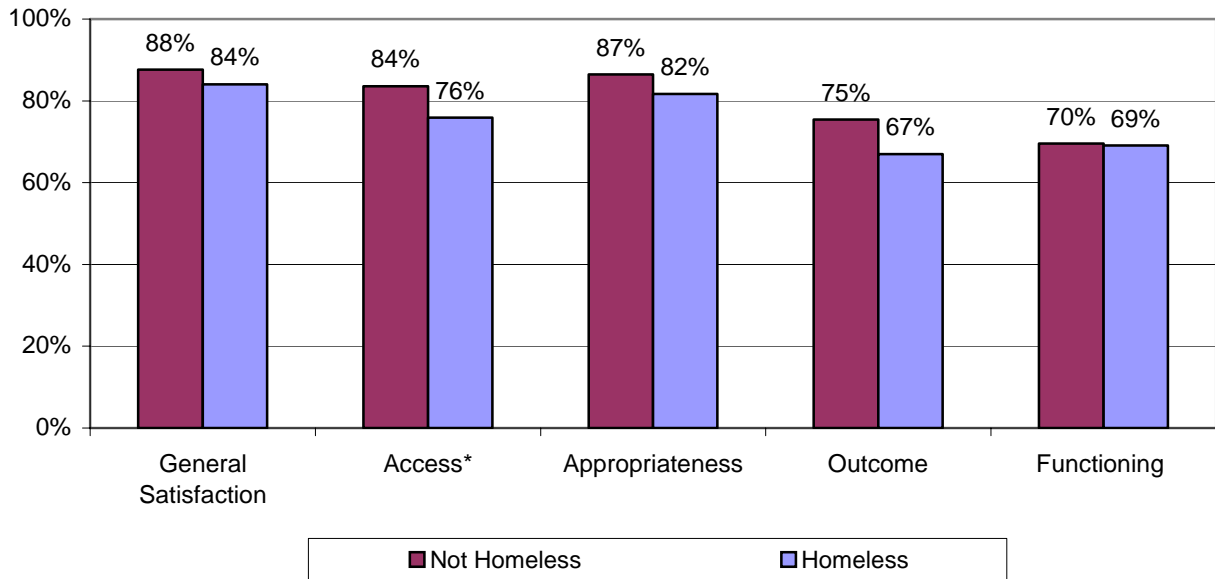
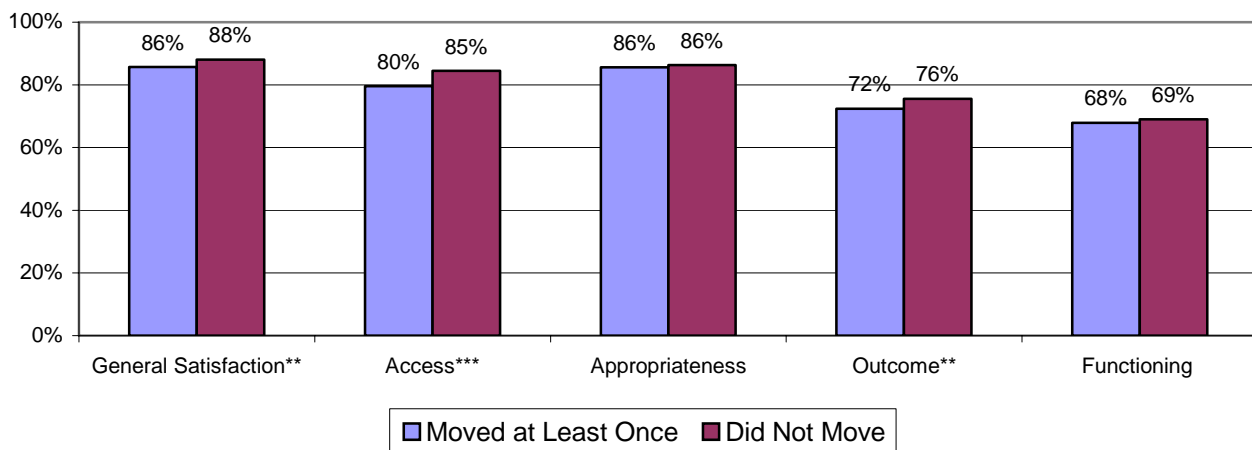


Figure 36: Consumer Satisfaction by Frequency of Moves



Did Satisfaction Differ by Involvement with the Criminal Justice System?

Figure 37: Consumer Satisfaction by Criminal Justice System Involvement, Current Year

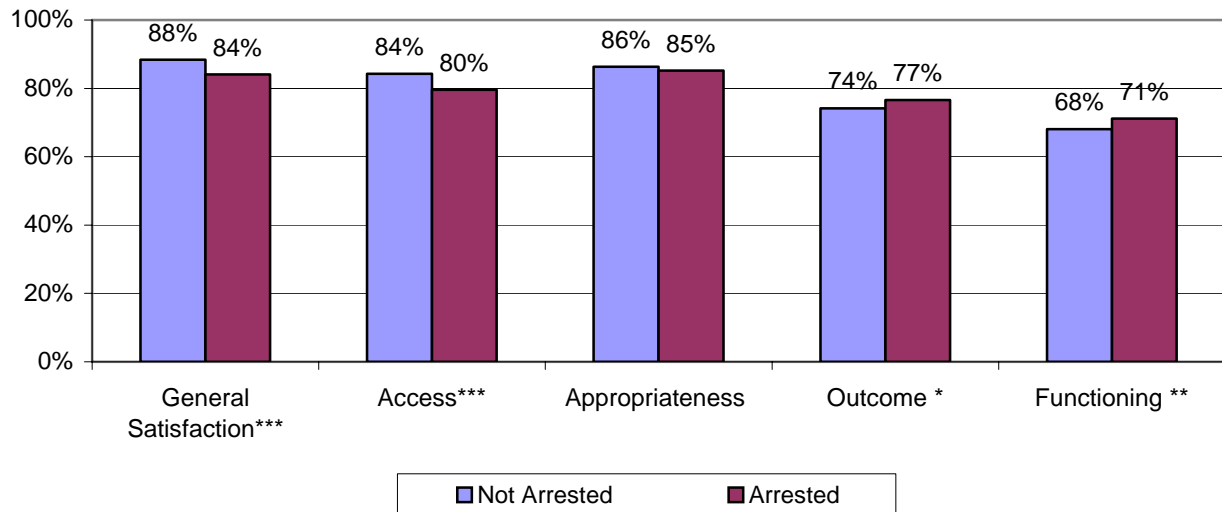
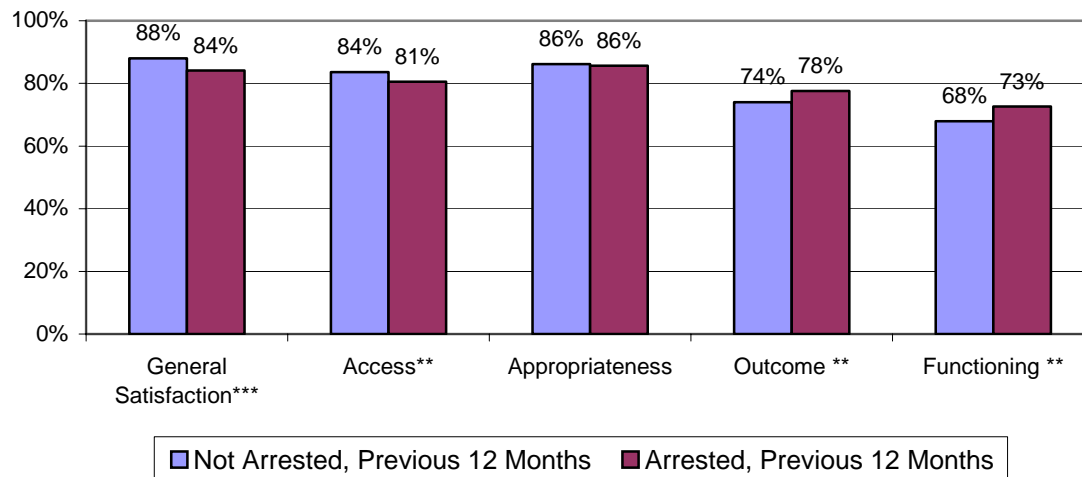
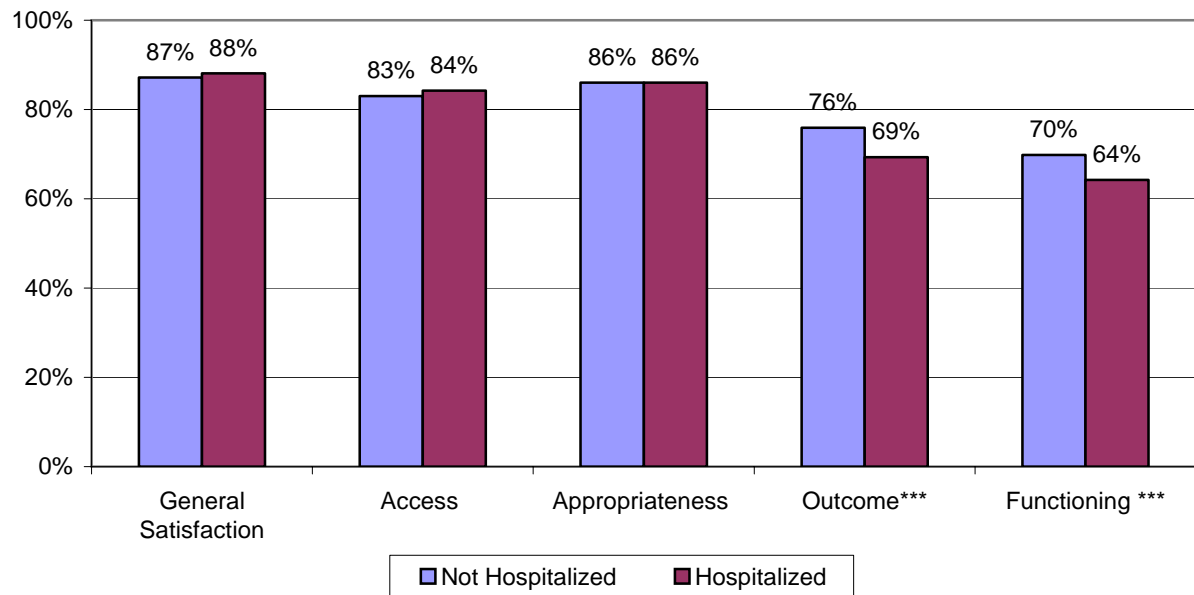


Figure 38: Consumer Satisfaction by Criminal Justice System Involvement, Previous Year



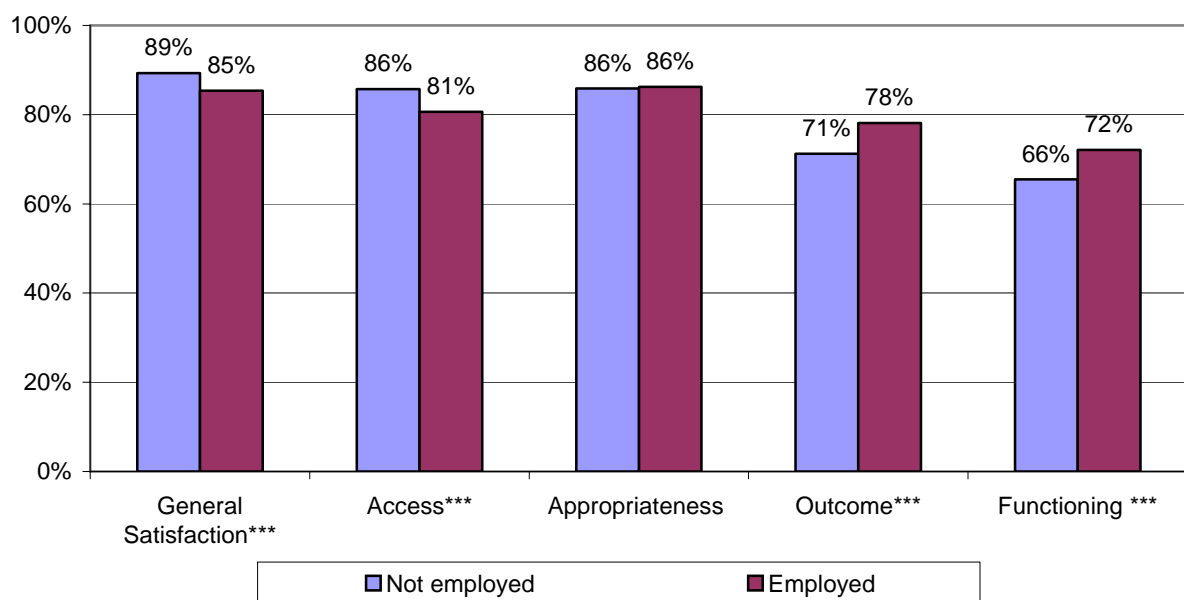
Did Satisfaction Differ by Psychiatric Hospitalization?

Figure 39: Consumer Satisfaction by Psychiatric Hospitalization



Did Satisfaction Differ by Employment?

Figure 40: Consumer Satisfaction by Employment



Did Satisfaction Differ by Social Connectedness?

Figure 41: Consumer Satisfaction by Crisis Support

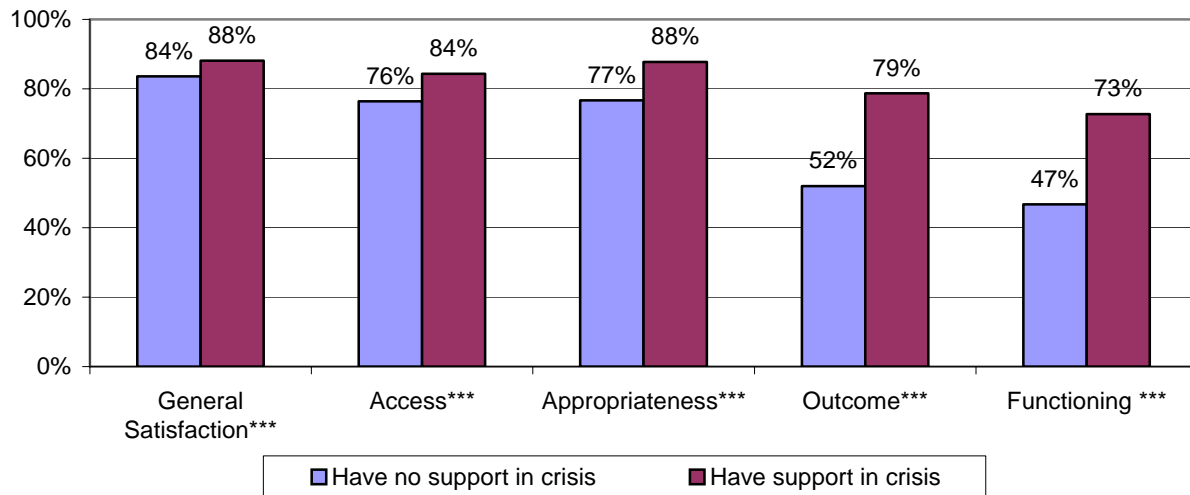
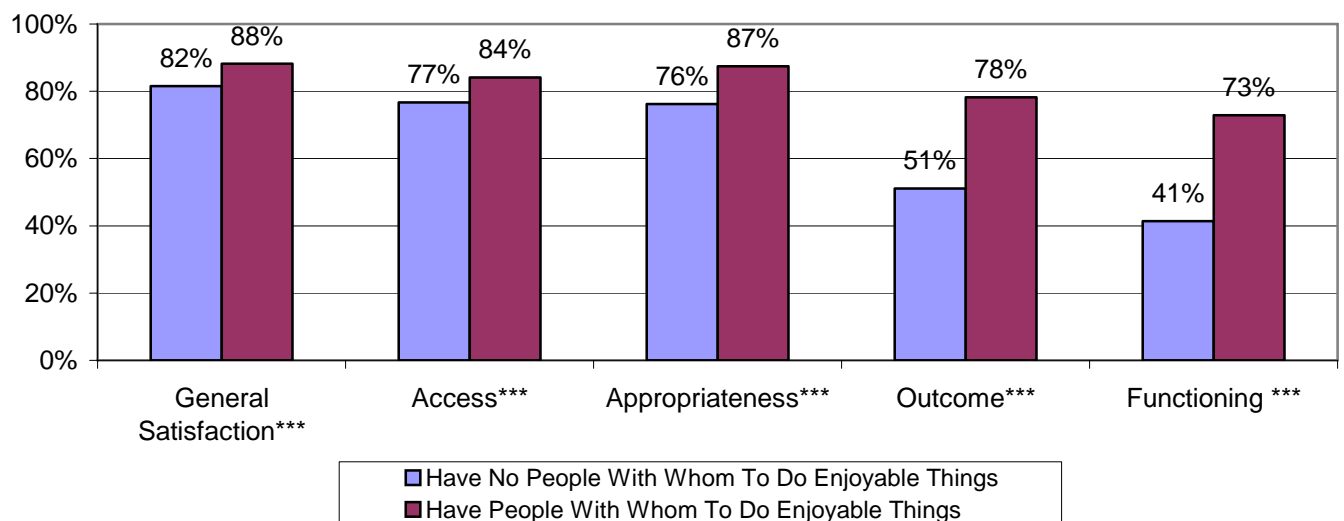


Figure 42: Consumer Satisfaction by Social Support



Consumer comment: “The PACT Team is the best thing that ever happened to me.”

Figure 43: Consumer Satisfaction by Friendships

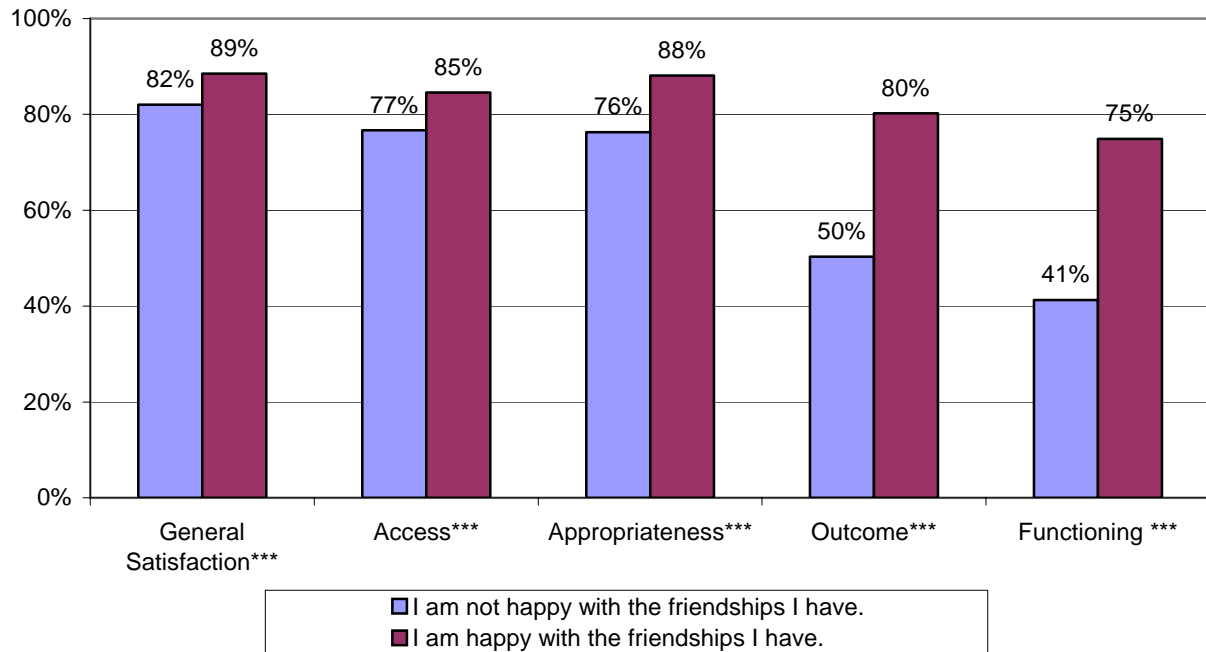
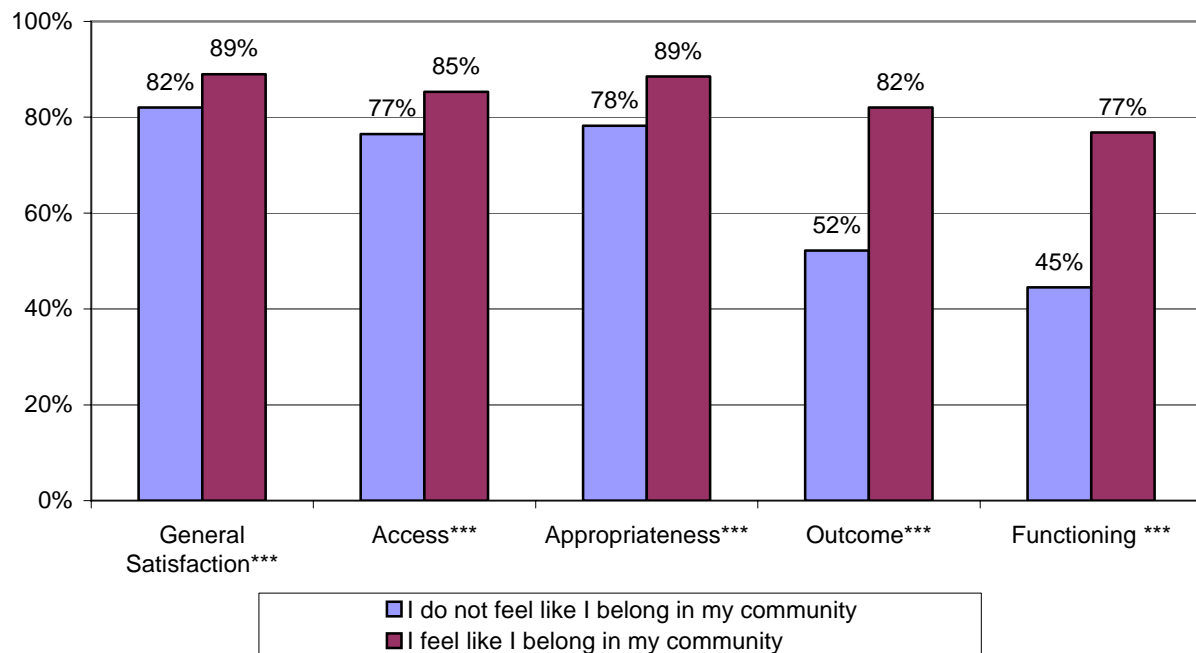


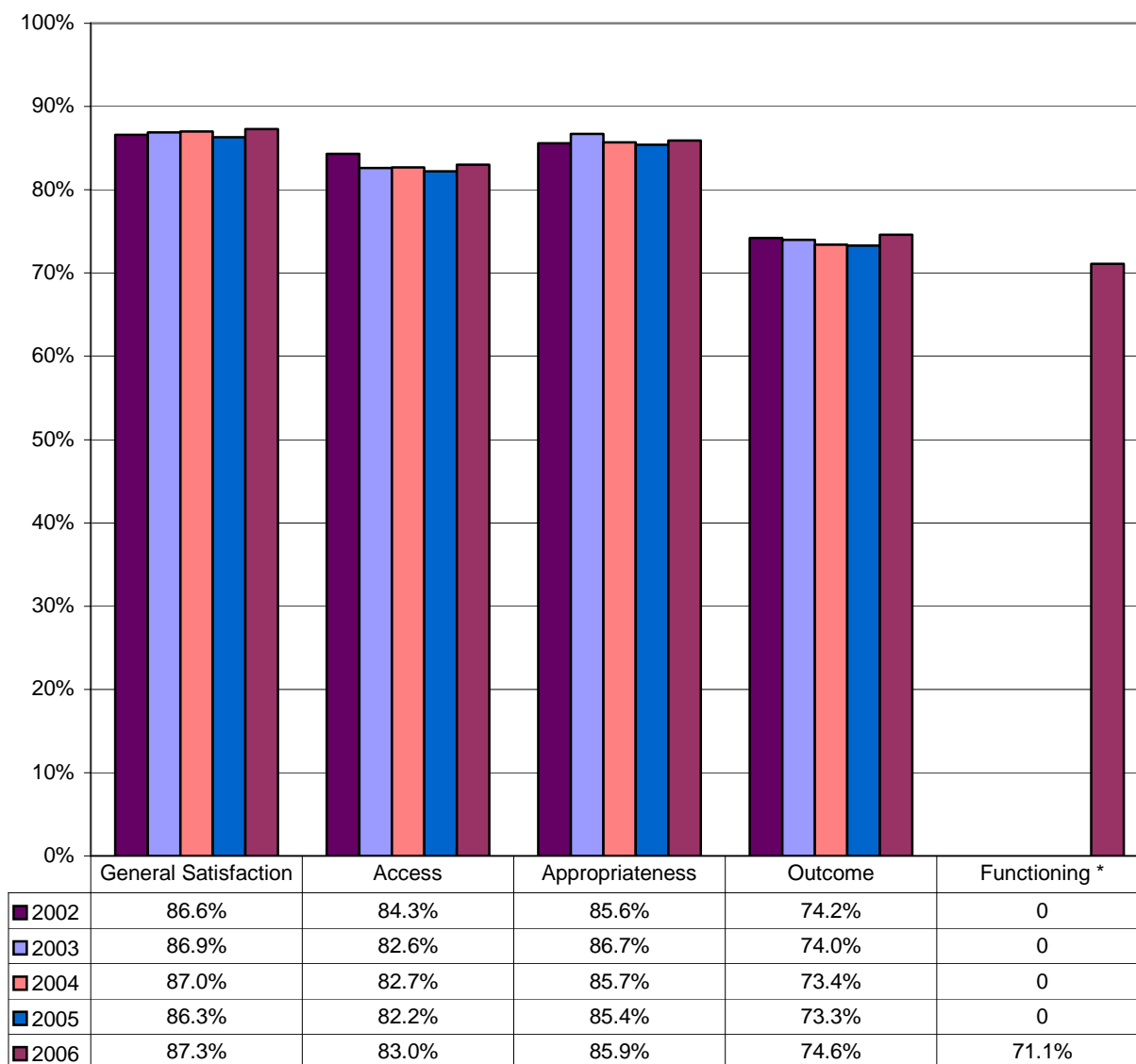
Figure 44: Consumer Satisfaction by Community Belonging



**“Social ties are the cheapest medicine we have.”
 ----Shelley E. Taylor, Ph.D.**

Trends Over Time

Figure 45: Trends Over Time Across Domains



* The Functioning Domain was new in 2006

CSB Level Consumer Perception

In the following section, individual CSB ratings for the four indicator domains are presented. The average CSB satisfaction percent for each domain is included for reference.

Figure 46: Consumer Satisfaction by CSB - General Satisfaction Domain

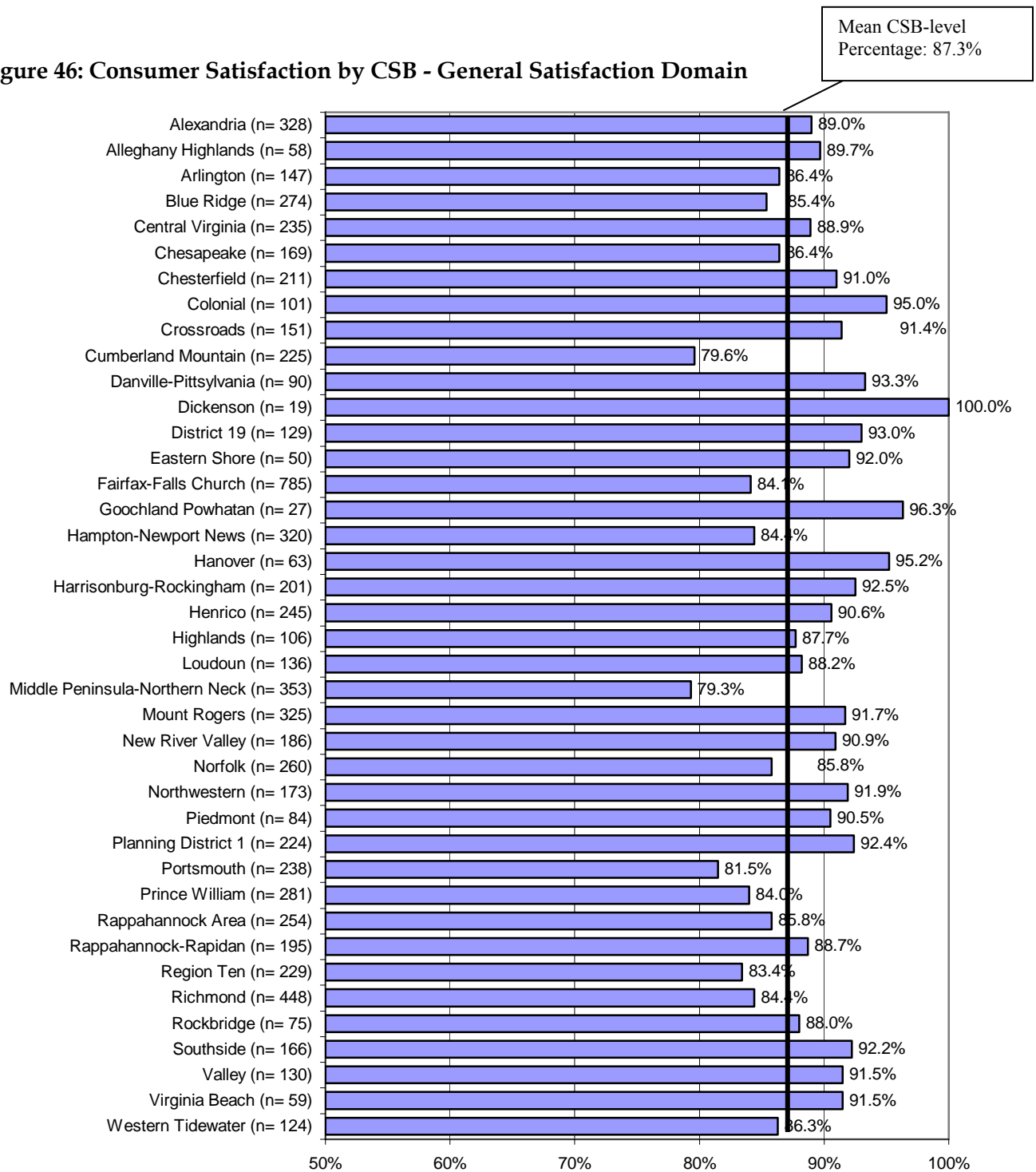


Figure 47: Consumer Satisfaction by CSB - Access Domain

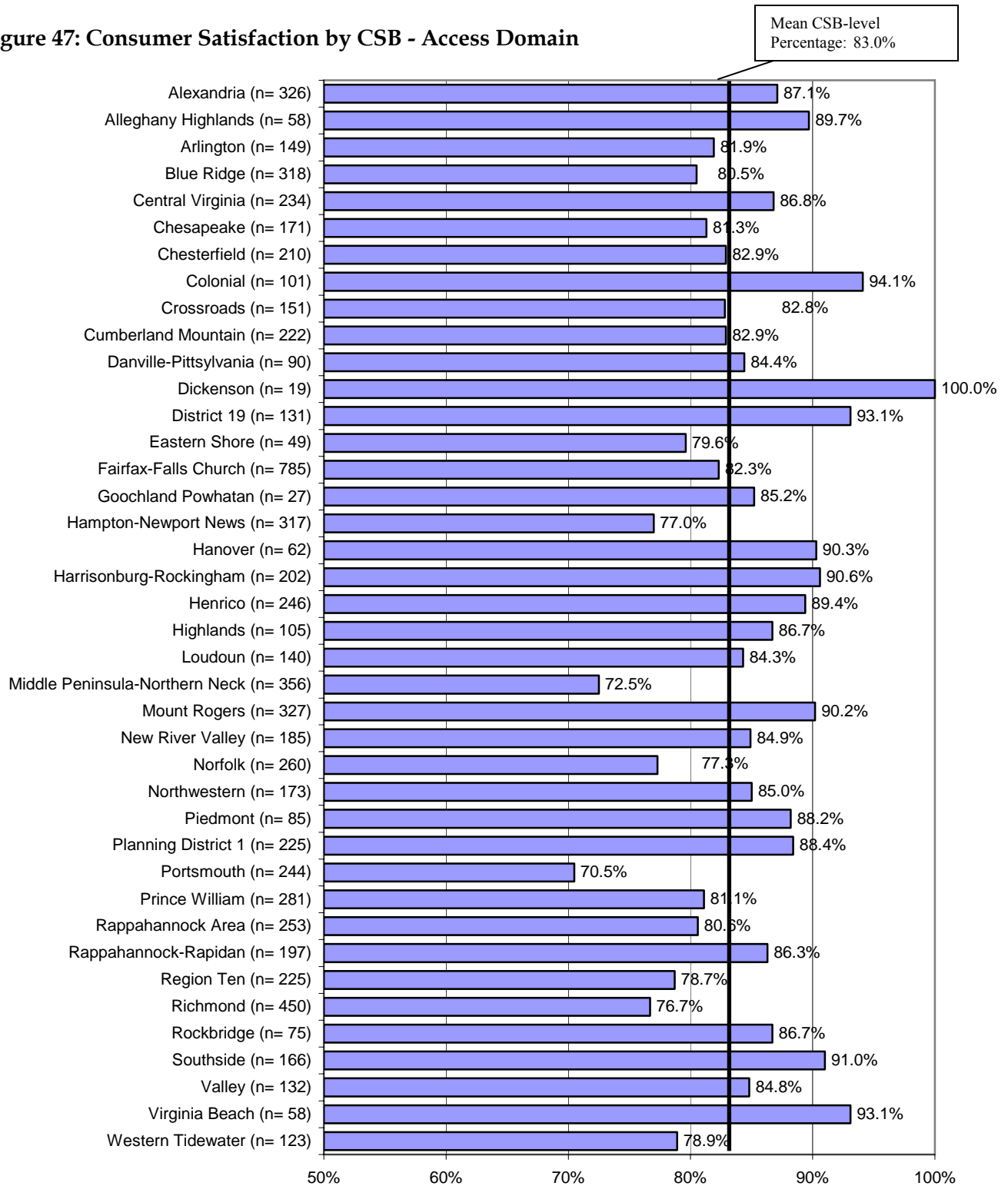


Figure 48: Consumer Satisfaction by CSB - Appropriateness Domain

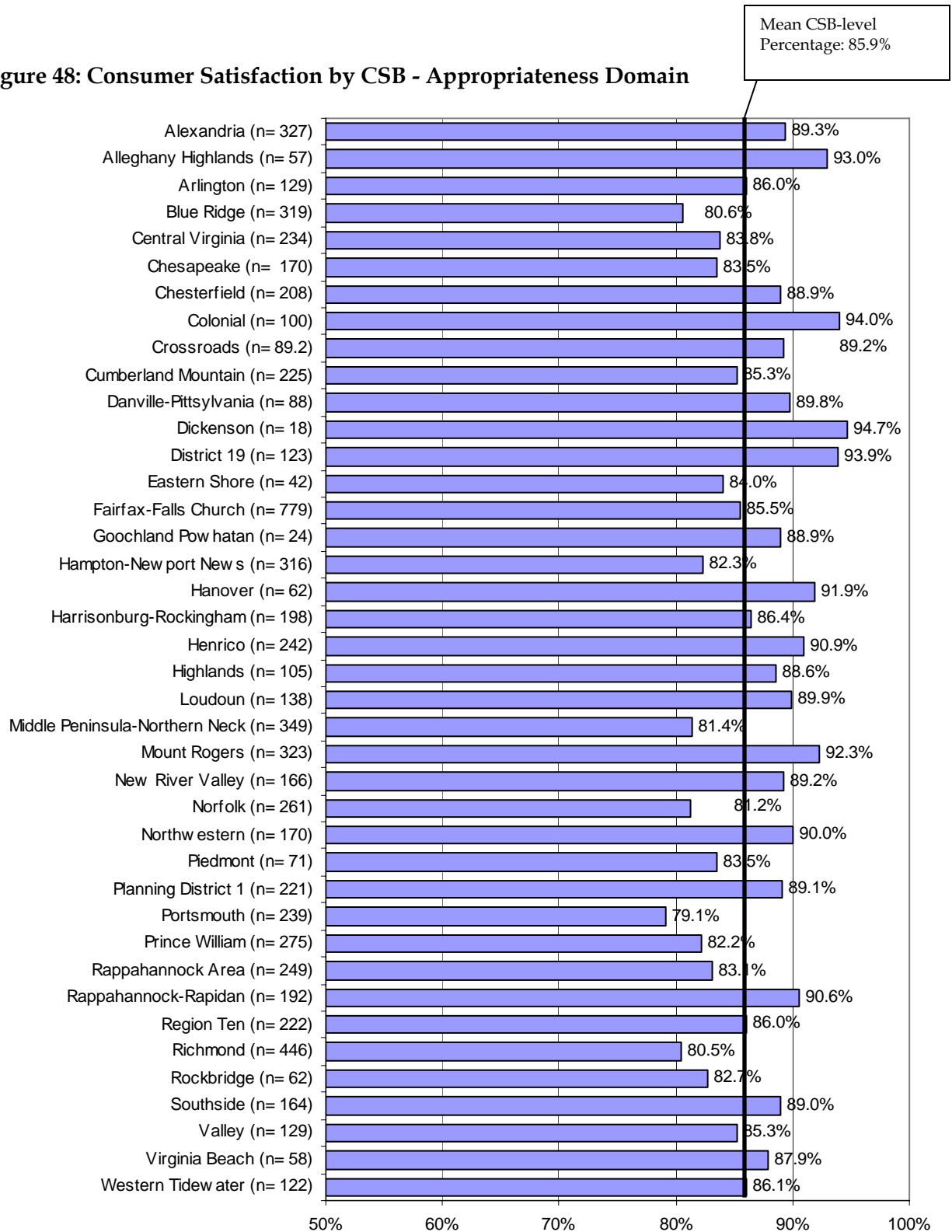


Figure 49: Consumer Satisfaction by CSB - Outcome Domain

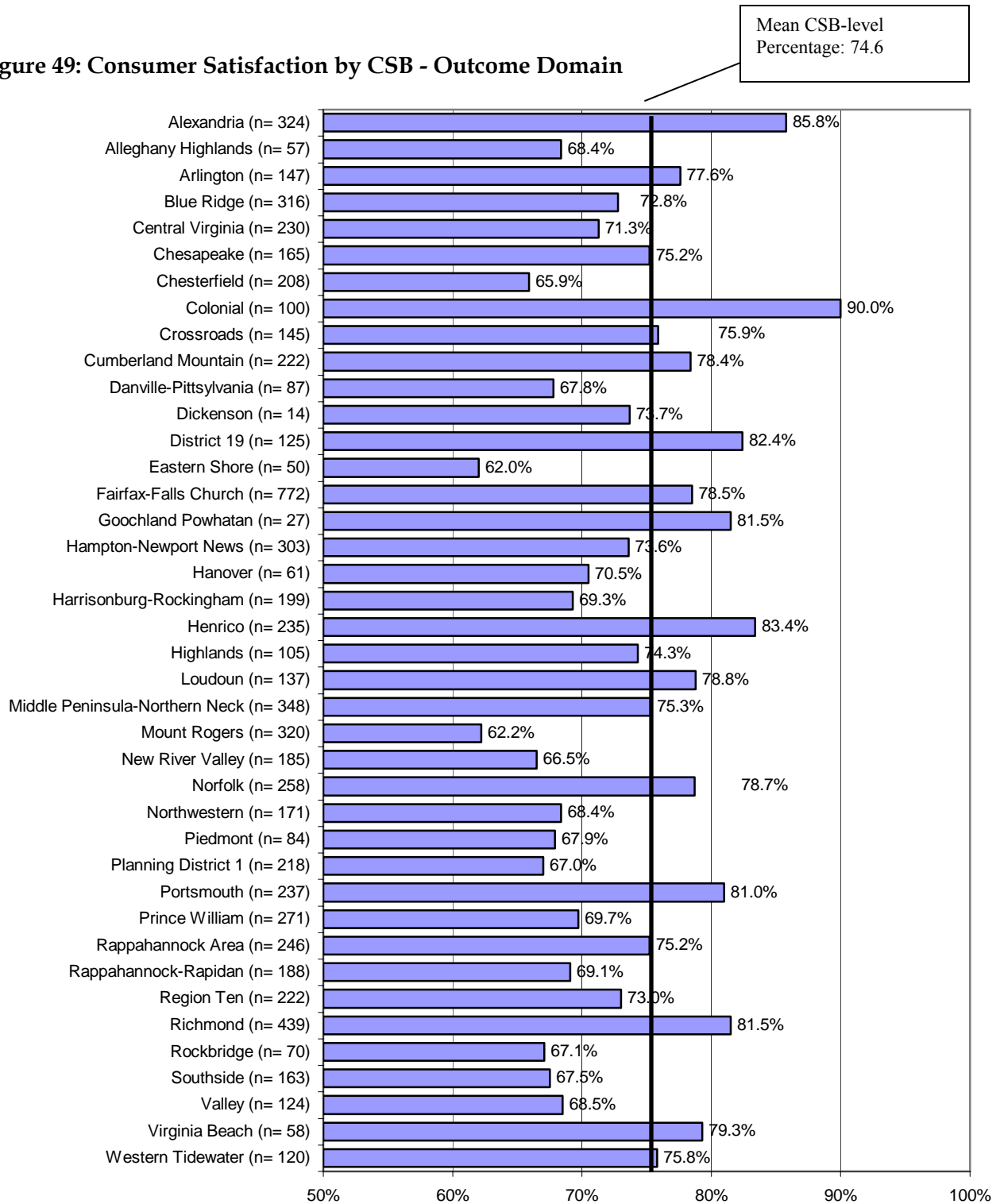
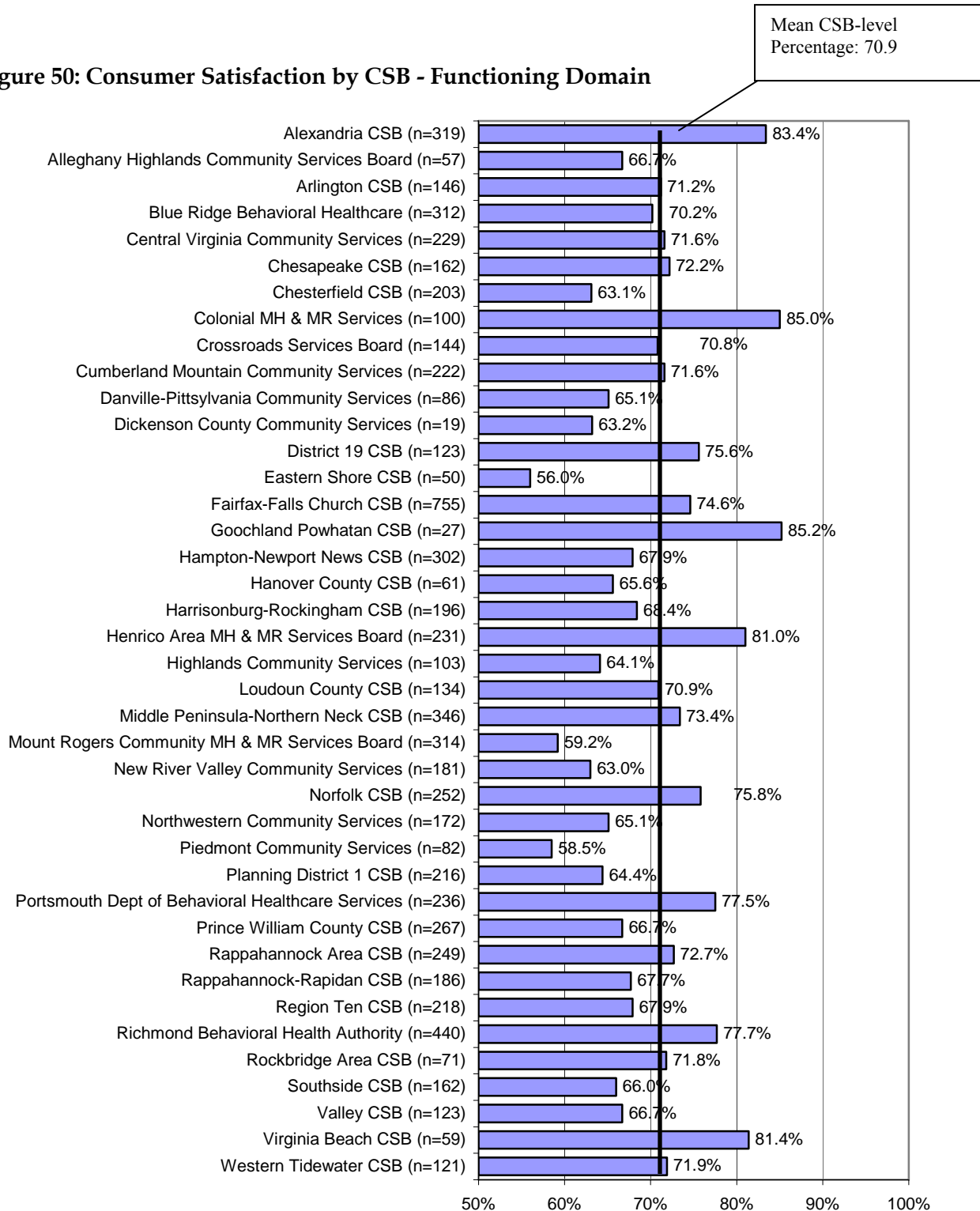


Figure 50: Consumer Satisfaction by CSB - Functioning Domain



Summary

In conclusion, the majority of Virginia's adult mental health and substance use disorder consumers continue to report positive perceptions of the services received through the CSBs on several domains. More than 80% of consumers report positive perceptions on the domains of Access, Appropriateness, and General Satisfaction. Rates of positive responses on the Outcome and Functioning domains are considerably lower than the other domains. These findings are consistent with results from the previous years, with the exception of Functioning which is introduced in 2006. However, about 75% of respondents reported positive perception of Outcomes, which is slightly higher than in previous years.

Of the consumers surveyed, 51% are female, 62% identify themselves as White, 27% are African-American, seven percent are Hispanic, and approximately 93% are between 21 and 64 years of age. Fifty-five percent of those surveyed receive MH services, 27% receive SUD services, and the remaining 18 percent receive both MH and SUD services. Thirty-three percent of all respondents were referred for treatment services by family, friends or self. Mental health consumers were referred most often (47%) by physicians or hospitals, while SUD clients were referred most often by outside institutions (67%). In 2006, in coordination with the Center for Mental Health Services, two additional social connectedness indicators were added to the survey. Eighty-five percent of consumers surveyed feel that they had support during times of crisis. Eighty-five percent have people with whom to do enjoyable things. Eighty-two percent of consumers feel that they are happy with the friendships they have. Seventy-five percent feel that they belong in their community.

Several questions relate to the consumer's experience within a limited period of time. Within the six months prior to the survey, about seven percent of the respondents reported that they had been homeless and about thirty-eight percent had moved at least one time. Within the twelve months prior to the survey, 23% had been arrested, 19% had a psychiatric hospitalization, and 51% had no paid employment. Seventeen percent reported that they had been arrested in the previous year. Of those, 54% were not arrested the following year.

Data was analyzed with regard to satisfaction with services across Access, Appropriateness, General Satisfaction, Outcome, and Functioning domains. Respondents who report a lack of support in times of crisis, an absence of people with whom to do enjoyable things, unsatisfactory friendships, and/or have no sense of belonging in the community, are least likely to report a positive perception of satisfaction for the Functioning domain of any group evaluated, at 48%, 44%, 43%, and 46%, respectively. As in previous years, the oldest age group is significantly more likely to report positive perceptions on all domains than the younger age groups. Gender also appears to be significantly related to results on all survey domains, as with earlier surveys. Women are significantly more likely to report positive perceptions in the General Satisfaction, Access, and Appropriateness domains, but men scored higher in the Outcome and Functioning domains.

Hispanic consumers were significantly more likely to report positive perceptions on the Outcome and Functioning domains than non-Hispanics. African-American and consumers in the "Other" category of race were significantly more likely to report a positive perception on the Outcome and Functioning domains than were Whites. However, Whites and African-Americans were more likely to report positive perceptions in the General Satisfaction domain.

In general, consumers who had been receiving services for longer periods reported more positive perceptions than consumers who received services for only a short time. These differences were significant for the General Satisfaction, Access, and Outcomes domains. Those consumers who indicated that they had not been homeless in the past six months were more likely to report positive perceptions of service in all domains than those who had been homeless. Also, consumers who had not moved within the last six months were more likely to report positive perceptions in all domains, as well. Those who indicated that they had not been arrested within the past twelve months were significantly more likely to report positive perceptions on the General Satisfaction, Access, and Appropriateness domains than those who had been arrested. However, those who reported being arrested in the past twelve months scored significantly higher in the Outcomes and Functioning domains.

Those who reported that they had not had a psychiatric hospitalization in the past twelve months were significantly more likely to report positive perceptions on the Outcome and Functioning domains than those who had been hospitalized. However, those that reported being hospitalized scored slightly higher in the General Satisfaction and Access domains than respondents that were not hospitalized. Those who indicated that they had not worked at a paid job in the past 12 months were significantly more likely to report positive perceptions on the General Satisfaction and Access domains, while those who had paid employment in the past 12 months were more likely to report positive perceptions on the Outcome and Functioning domains. Consumers who indicated higher levels of social connectedness (e.g., support in times of crisis, source of people with whom to do enjoyable things, friendships, and a sense of belonging in their community) were considerably more likely to report positive perceptions of services on all domains. The most significant differences were in the Outcome and Functioning domains.

Analyses assessing consumer perceptions in the following three service areas were conducted: MH, SUD and MH/SUD. The MH consumers were more likely to report positive perceptions than SUD consumers or MH/SUD consumers on the General Satisfaction, Access, and Appropriateness domains. The SUD consumers were more likely to report positive perceptions on the Outcome and Functioning domains than either MH or MH/SUD consumers. Consumers who received both MH and SUD services were more likely to report positive perceptions in the Outcome and Functioning domains than MH consumers and were more likely to report positive perceptions of outcomes in the General Satisfaction, Access, and Appropriateness domains than SA consumers.

Considerable variability was found in reported survey response rates, ranging from 25.5% to 96.7% of kept non-emergency appointments for the survey week. Depending on a CSB's response rate, survey results may be more or less representative of the consumers a CSB is serving. CSB response rates and survey results for 2006 may have been affected by local factors such as policy changes, budget issues, differences in survey instructions, etc. While it is not possible to identify all such influences, such factors should be considered before drawing conclusions about a given CSB's performance.

Several limitations prevent conclusive interpretation of these findings. First, the results of this survey reflect the perceptions of only those consumers who choose to remain in treatment at CSBs. Because consumers who are not in treatment are not surveyed, these results cannot be generalized to all consumers served by CSBs. Furthermore, studies have shown that satisfaction surveys administered by staff show higher rates of satisfaction than surveys that are self-administered or administered by mail. Therefore, these results should only be compared with survey results from surveys utilizing similar methodology.

Second, because participants in the survey were not randomly selected, these findings cannot be generalized to the population served by CSB. Random selection of participants is critical to generalizing the findings to the population being served by a CSB because it ensures that every consumer served by a CSB has an equal chance of being surveyed.

Third, the MHSIP measure used for this survey was designed to improve the quality of mental health programs and services and was not necessarily designed for substance use disorder populations. Thus, caution should be taken when interpreting the results for substance use disorder consumers. It may be that the significant differences observed between the two populations are partly attributed to the instrument. In addition, all variables were obtained by self-report, making the findings open to self-report biases. Finally, because the survey is a cross-sectional design, these findings represent the perceptions of consumers only at the time of the survey. Perceptions and attitudes may change over time.

Despite these limitations, the survey clearly contributes a greater understanding of consumer perception about publicly funded mental health and substance use disorder treatment services. Race/ethnicity and gender differences in perception of CSB services, for example, highlight the need for CSBs to be continually aware of the importance of such demographic characteristics when providing treatment services.

Consumer comments:

- **“I think they are very understanding to my needs.”**
- **“I'm so glad someone is providing services that I can afford.”**
- **“The turnover rate for counselors has been frustrating.”**

CHAPTER 2 : MENTAL HEALTH CONSUMER RESPONSES

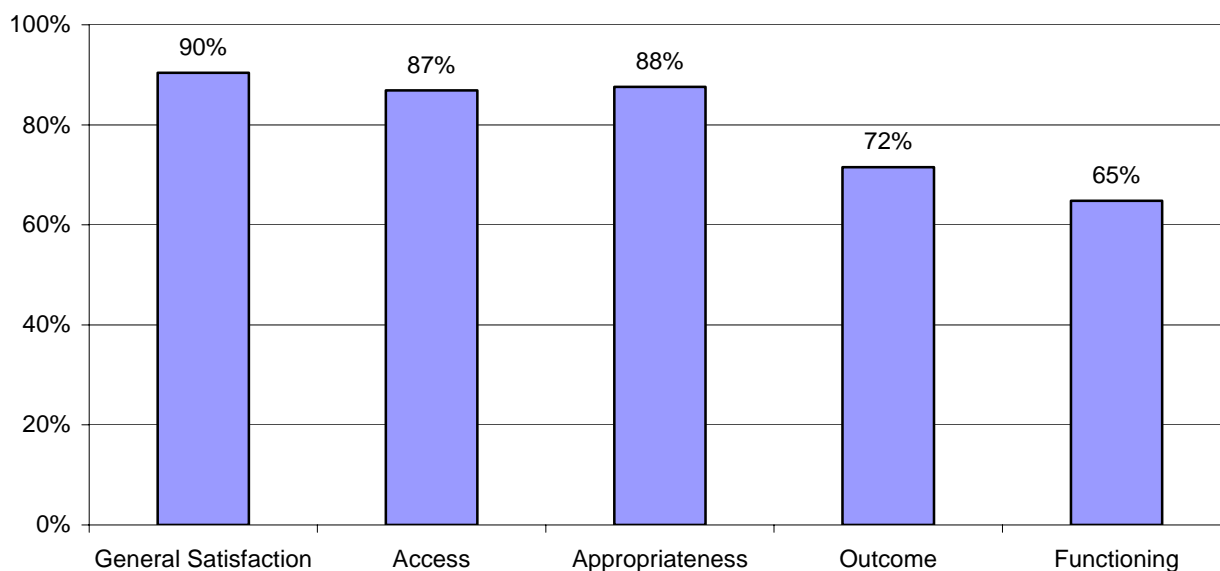
Consumer and Treatment Characteristics

A total of 3,829 consumers (54%) identified mental health as the primary reason for receiving services from the CSB.

- The majority (92%) were between the ages of 21 and 64, and about 3% were between the ages of 18 and 20.
- Sixty-one percent were female, 67.6% were White, and 23.5% were Black/African-American.
- With regard to Hispanic origin, 5.4% identified themselves as Hispanic.
- The majority were referred by a physician (46.5%) or were referred by self, family, or friends (36.9%).
- About two-thirds (70.0%) had been receiving services for twelve months or more.
- About 53% of consumers had received services for more than two years.
- In the six months prior to the survey, about four percent had been homeless and 23% had moved at least once.
- In the past twelve months, 21.3% had a psychiatric hospitalization, 36.0% had paid employment, and about ten percent had been arrested. In the previous twelve months, 7.1% had been arrested.
- About eighty-two percent have support in times of crisis, and about eight-five percent have people with whom to do enjoyable things. About seventy-nine percent are happy with the friendships they have and about seventy-two percent feel that they belong in their community.

Satisfaction On All Domains

Figure 1: MH Consumer Satisfaction Across Domains



General Satisfaction Domain

- About 91% agreed with the statement “I like the services that I receive”.
- Eighty-six percent agreed with the statement “If I had other choices, I would still get services from this agency”.
- Almost ninety-one percent reported that they would recommend this agency to a friend or family member.

Access Domain

- About 87% agreed that the location of services is convenient.
- About 89% agreed with the statement “Staff are willing to see me as often as I feel it is necessary.”
- Almost 84% agreed with the statement “Staff returns my calls within 24 hours.”
- About 91% agreed that services were available at times that were good for them.

Appropriateness Domain

- About 88% agreed with the statement “Staff here believe that I can grow, change, and recover”.
- Almost ninety percent agreed with the statement “Staff respect my wishes about who is, and is not, to be given information about my treatment”.
- About 83% reported that staff is sensitive to their cultural background.
- About eighty-one percent reported agreement that staff tells them what medication side effects to watch for.
- About eighty-three percent reported that they feel free to complain.
- Eighty-six percent reported that staff helped them to obtain information needed for the consumer to take charge of managing the illness.

Outcome Domain

- About 76% agreed with the statement “I am better able to control my life”.
- About 79% agreed with the statement “I deal more effectively with daily problems”.
- About 64% reported that they did better at work or school.
- Almost 67% reported that they did better in social settings.
- About 73% reported that they were better able to deal with a crisis.
- A little more than 72% reported that they got along better with their family.
- About 66% agreed with the statement “My symptoms are not bothering me as much”.

Functioning Domain

- About 72% reported that “.I do things that are more meaningful to me.”
- Seventy-five percent reported that “I am better able to take care of my needs.”
- About 68% reported that “I am better able to handle things when they go wrong.”
- Almost 69% reported that “I am better able to do things that I want to do.”

Other Survey Items (not included in a domain or Total Satisfaction scoring)

- About 91% reported that they felt comfortable asking questions about their treatment and medication.
- Eighty-six percent agreed with the statement “I am able to get all the services I think I need.”
- Slightly over 75% agreed with the statement “I, not staff, decide my treatment goals.”
- About 69% agreed with the statement “I am satisfied with my living arrangements.”
- Almost 59% agreed with the statement “I was encouraged to use consumer run programs.”

Consumer comments:

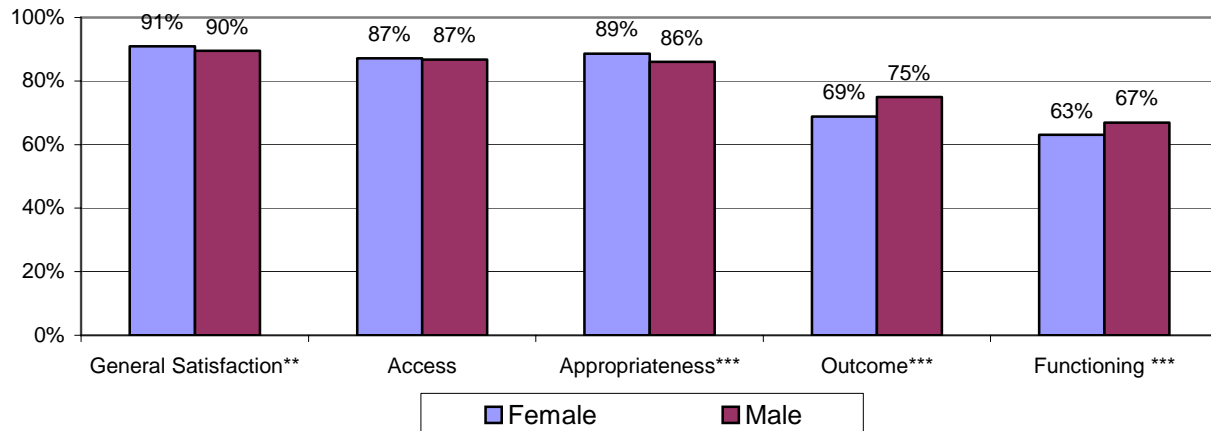
- **“Difficulty receiving medications from the dispensary. I feel like I am talked down to when I talk with the people who process and hand out my medication.”**
- **“Pet peeve: I see employees constantly smoking out front.”**
- **“Someone needs to be here on the weekend to answer calls! ”**
- **“I believe I should have more guidance than medication. ”**
- **“We need more mental illness recovery literature displayed in the waiting room- have a peer to talk to when I just need to vent my troubles. ”**
- **“You have us change doctors too often. ”**
- **“This place rocks! It's clean, safe, fun, helpful, and professional! ”**

Differences Between Groups

Did Satisfaction Differ by Gender?

Female consumers were significantly more likely to report positive perceptions on the General Satisfaction and Appropriateness domains, while male consumers were significantly more likely to report positive perceptions in the Outcome and Functioning domains.

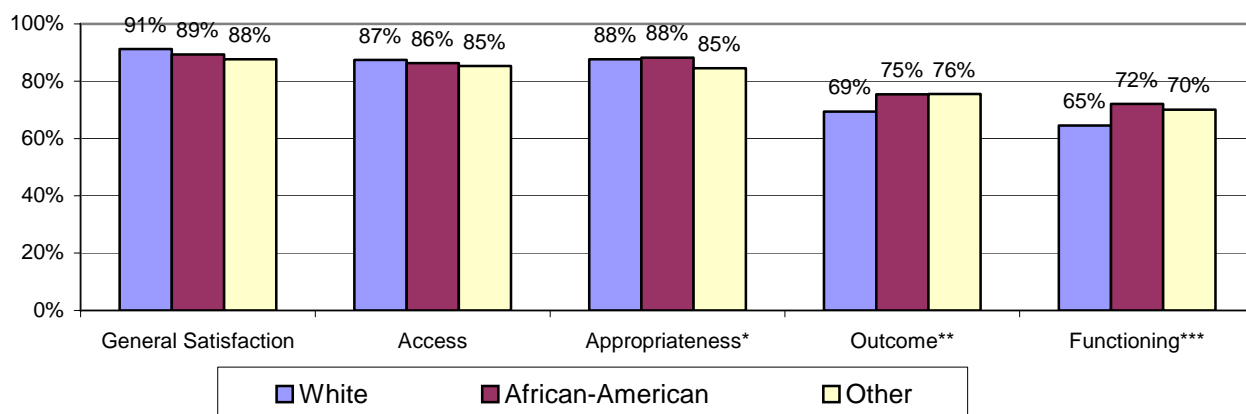
Figure 2: MH Consumer Satisfaction by Gender



Did Satisfaction Differ by Race?

White and African-American consumers who received mental health services were significantly more likely to report positive perceptions of satisfaction on the Appropriateness domain than consumers of other races. African-Americans and consumers of “other” races were significantly more likely to report positive perceptions of satisfaction in the Outcome and Functioning domains than were white consumers.

Figure 3: MH Consumer Satisfaction by Race



*Differences between groups were significant at the $p \leq .05$ level

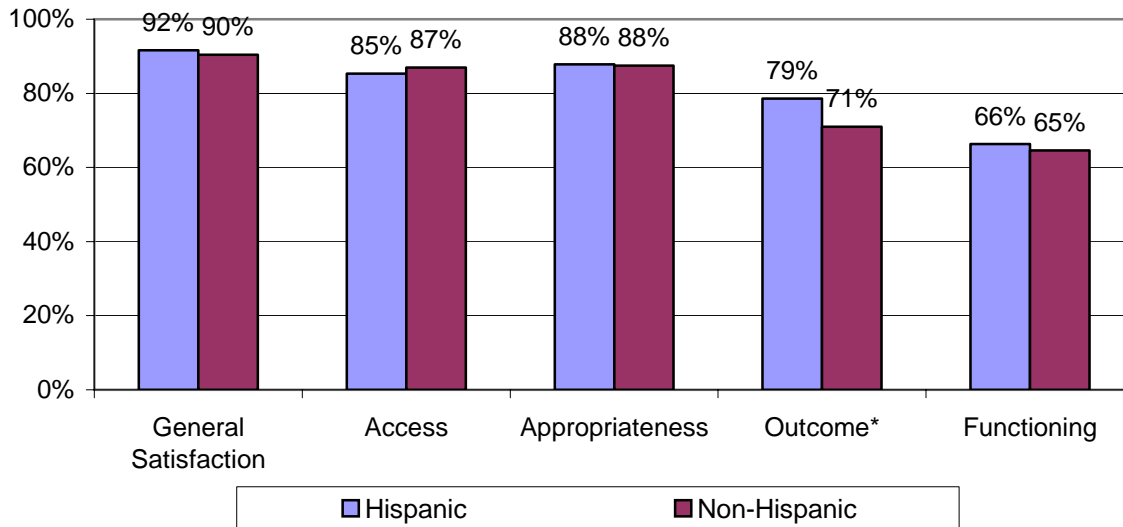
**Differences between groups were significant at the $p \leq .01$ level

***Differences between groups were significant at the $p \leq .001$ level

Did Satisfaction Differ by Ethnicity?

Mental health consumers who claimed Hispanic ethnicity were significantly more likely to report positive perceptions of satisfaction on the Outcome domain than those who reported that they were not of Hispanic ethnicity.

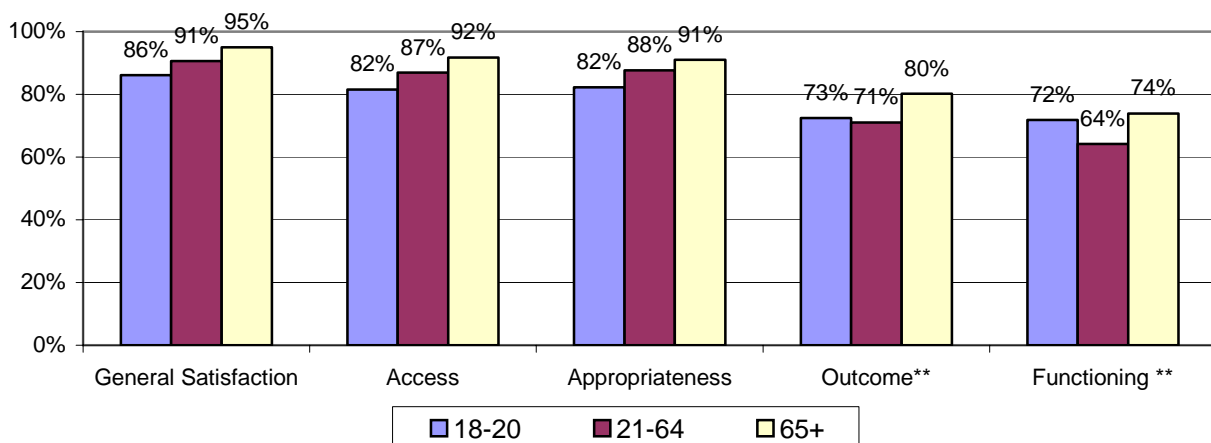
Figure 4: MH Consumer Satisfaction by Ethnicity



Did Satisfaction Differ by the Age Group of the Consumer?

Consumers in the oldest age group, 65 years and over, were significantly more likely to report positive perceptions in the Outcome and Functioning domains than those in the younger two age groups.

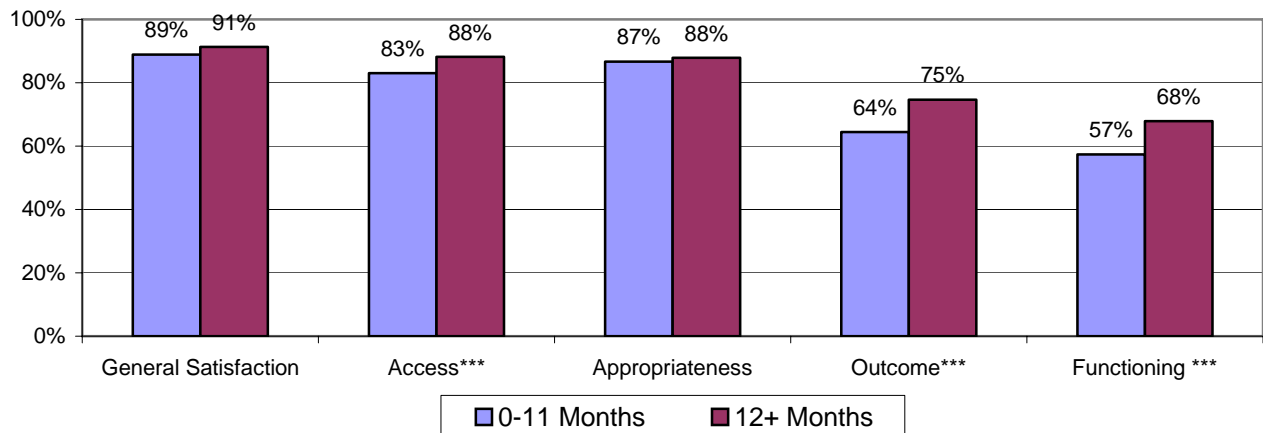
Figure 5: MH Consumer Satisfaction by Age Group



Did Satisfaction Differ by Length of Treatment?

Consumers who had been in treatment longer were significantly more likely to express positive perceptions in the Access, Outcome, and Functioning domains.

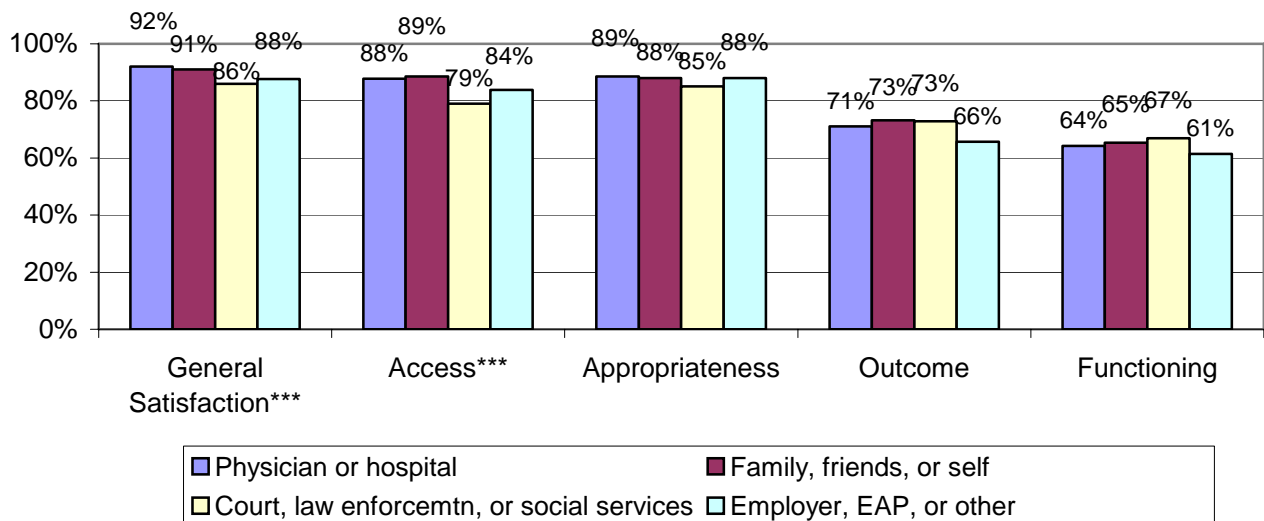
Figure 6: MH Consumer Satisfaction by Length of Treatment



Did Satisfaction Differ by Referral Source?

Of those consumers who received mental health services, consumers who were referred by family, a physician, a hospital, or themselves were significantly more likely to report positive perceptions in the General Satisfaction and Access domains than those referred by DSS, EAP, Employers, courts, police, or other referral resources.

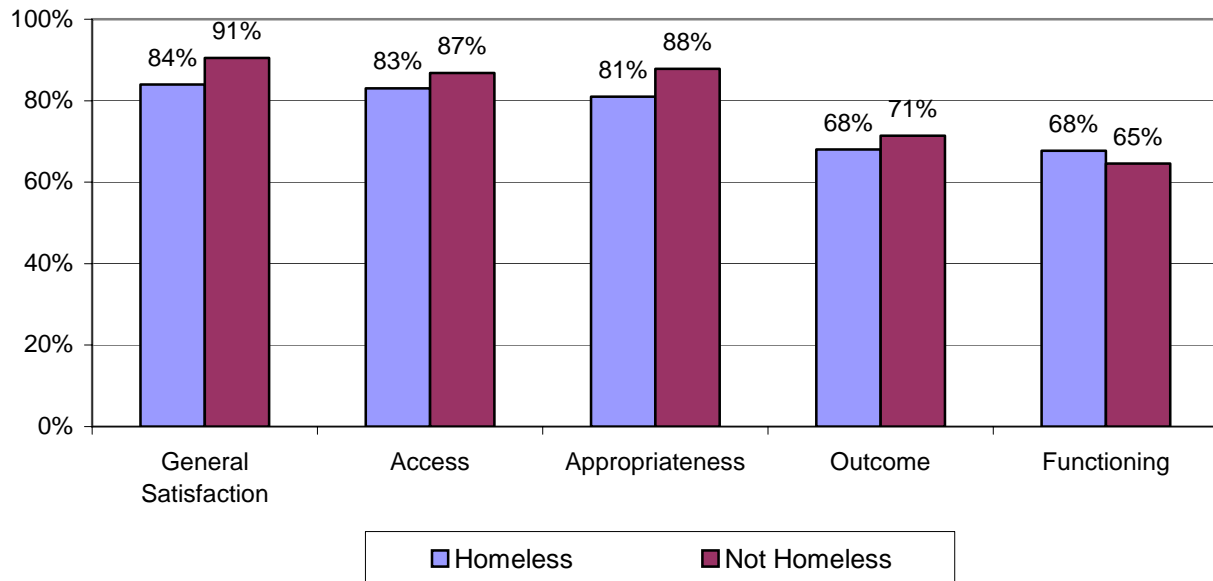
Figure 7: MH Consumer Satisfaction by Referral Source



Did Satisfaction Differ by Housing Situation?

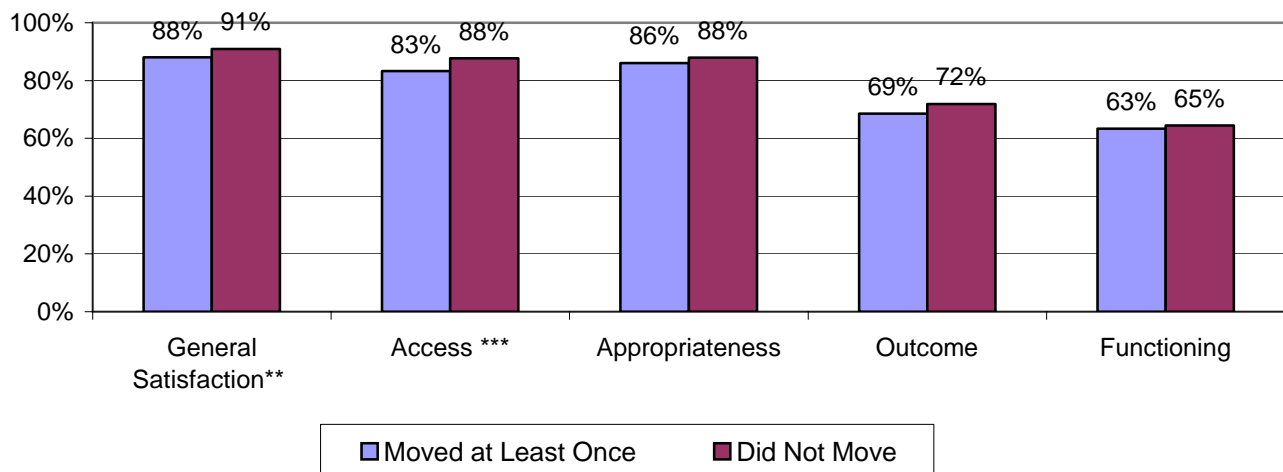
MH consumers who had not been homeless within the past six months were more likely to express positive levels of satisfaction in all domains than homeless MH consumers.

Figure 8: MH Consumer Satisfaction by Homelessness



MH consumers who did not move within the past six months were significantly more likely to express positive levels of satisfaction in the General satisfaction and Access domains than MH consumers who had moved one or more times.

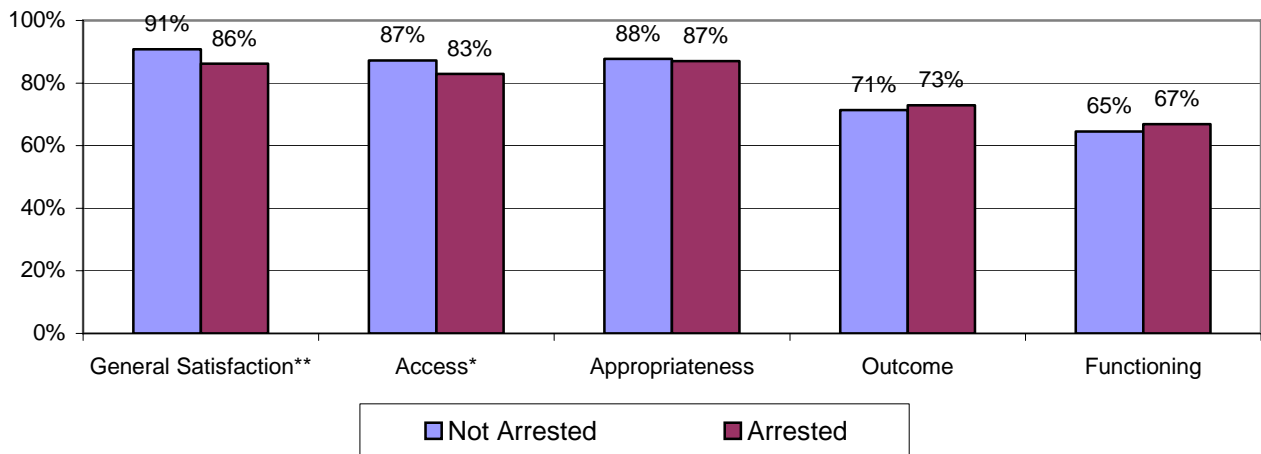
Figure 9: MH Consumer Satisfaction by Frequency of Moves



Did Satisfaction Differ by Involvement with the Criminal Justice System?

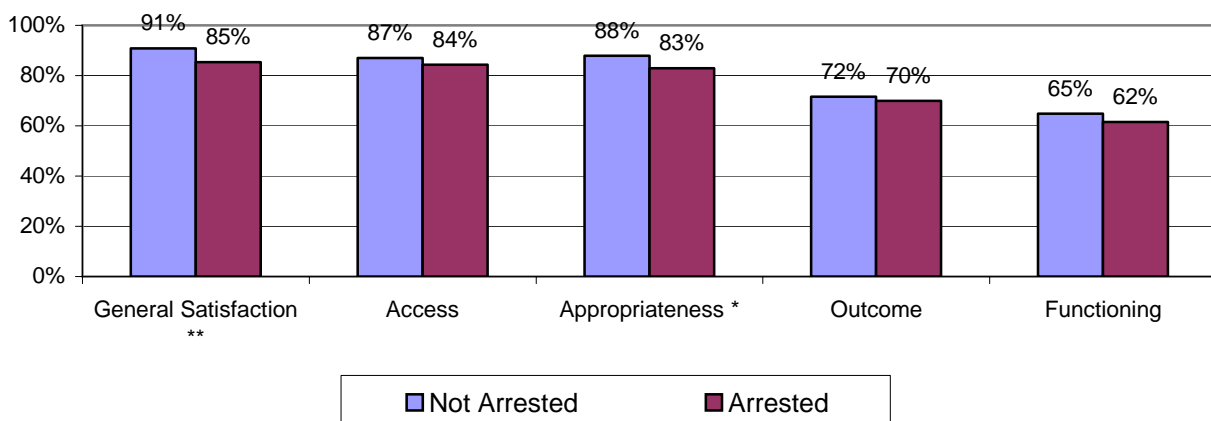
MH consumers who had not been arrested within the past twelve months were significantly more likely to report positive perceptions on the General Satisfaction and Access domains than those who had some involvement with the criminal justice system.

Figure 10: MH Consumer Satisfaction by Criminal Justice System Involvement, Current Year



MH consumers who had not been arrested in the twelve-month period in the previous year were significantly more likely to report a positive perception in the General Satisfaction and Appropriateness domains than those who were arrested in that same period.

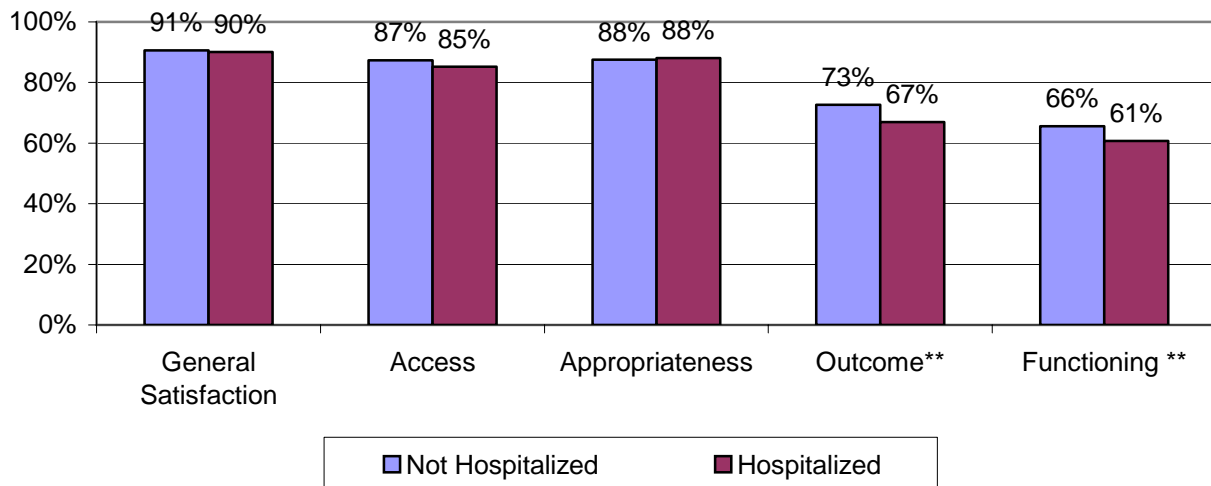
Figure 11: MH Consumer Satisfaction by Criminal Justice System Involvement, Previous Year



Did Satisfaction Differ by Psychiatric Hospitalization?

MH consumers who had no psychiatric hospitalizations in the past twelve months were significantly more likely to report positive perceptions of CSB services in the Outcome and Functioning domains.

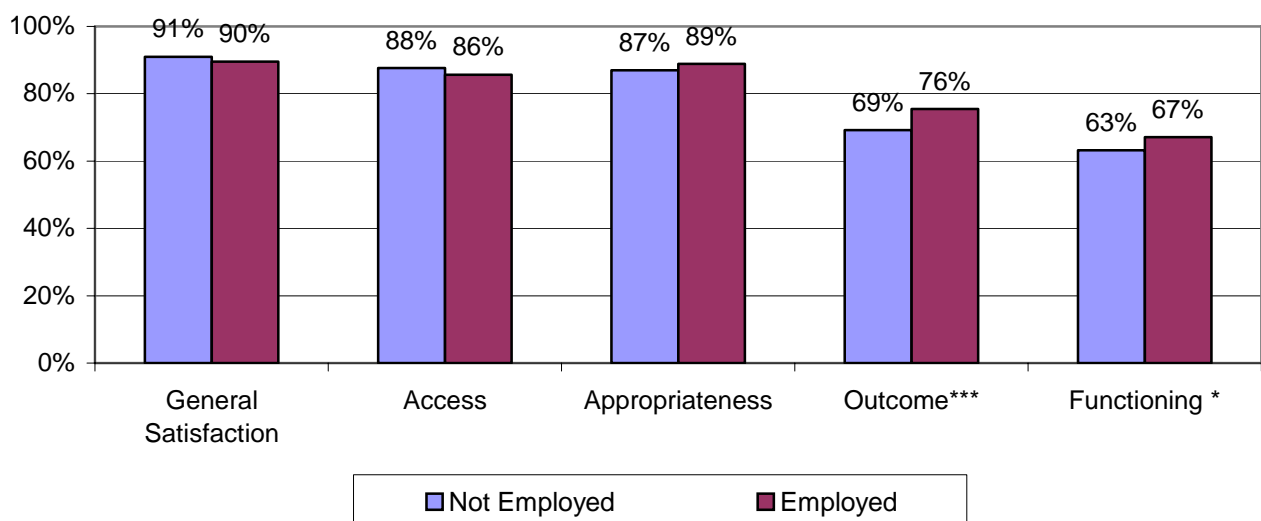
Figure 12: MH Consumer Satisfaction by Psychiatric Hospitalization



Did Satisfaction Differ by Employment?

MH consumers who had paid employment within the past twelve months were significantly more likely to report positive perceptions in the Outcome and Functioning domains than those who had not been employed.

Figure 13: MH Consumer Satisfaction by Employment



Did Satisfaction Differ by Social Connectedness?

MH consumers who feel that they have support in times of crisis are significantly more likely to have positive perceptions of satisfaction on all domains than those who feel that they have no support from family or friends. Similarly, MH consumers who have people with whom they can do enjoyable things are significantly more likely to report positive perceptions of satisfaction on all domains than those who do not have such relationships. This also holds true for those consumers reporting satisfaction with their friendships and a sense of belonging in their community.

Figure 14: MH Consumer Satisfaction by Support in Times of Crisis

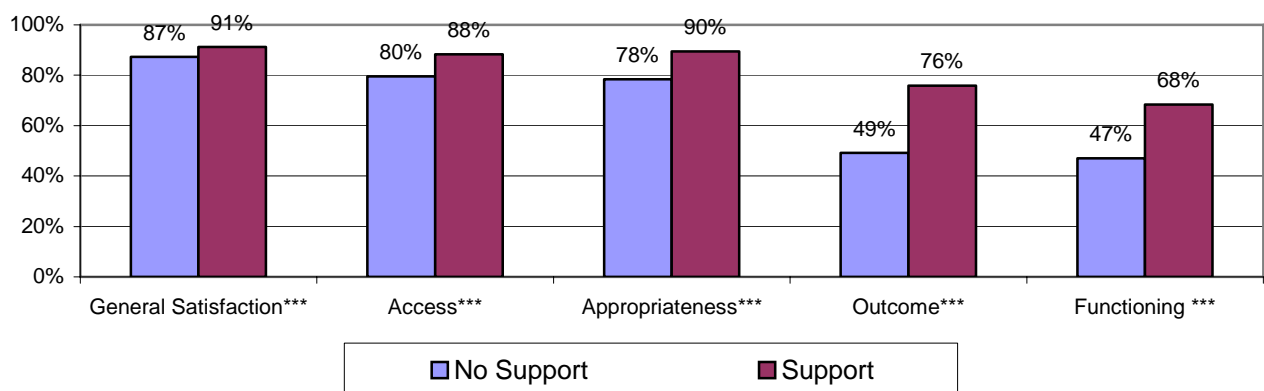
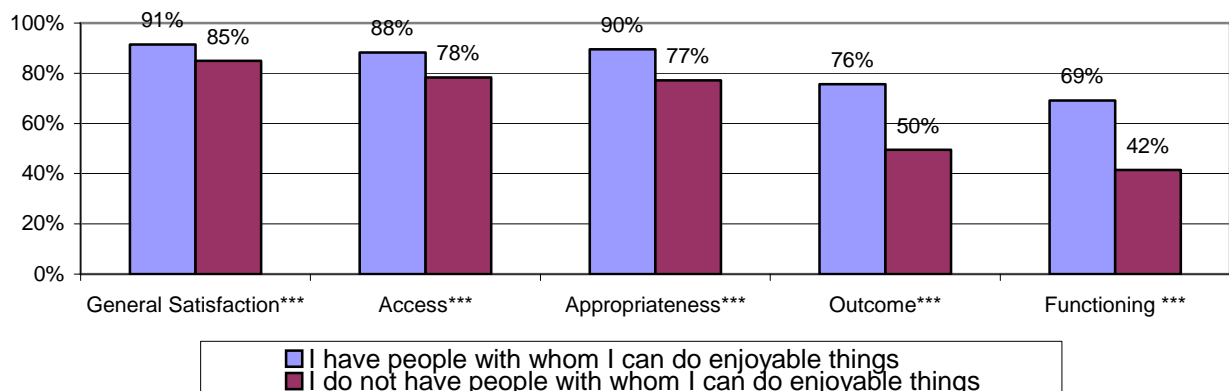


Figure 15: MH Consumer Satisfaction by Social Support



Consumer comment: "The people are so nice and easy to talk to. They make me feel better about myself. I feel I would have [taken] my life if I did not have PACT to help me through the rough times."

Figure 16: MH Consumer Satisfaction by Friendships

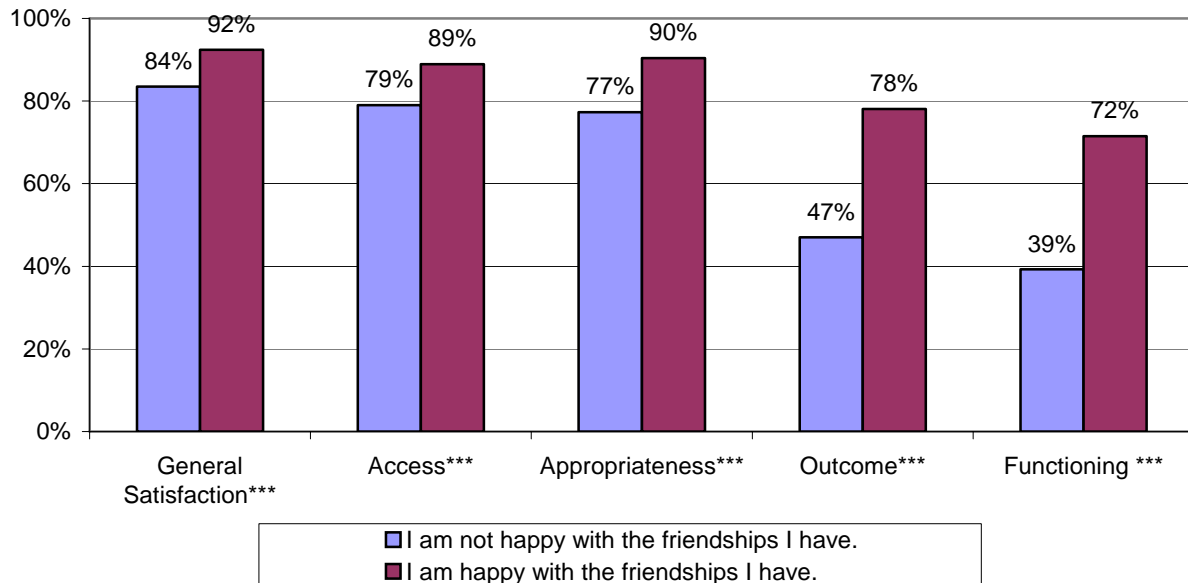
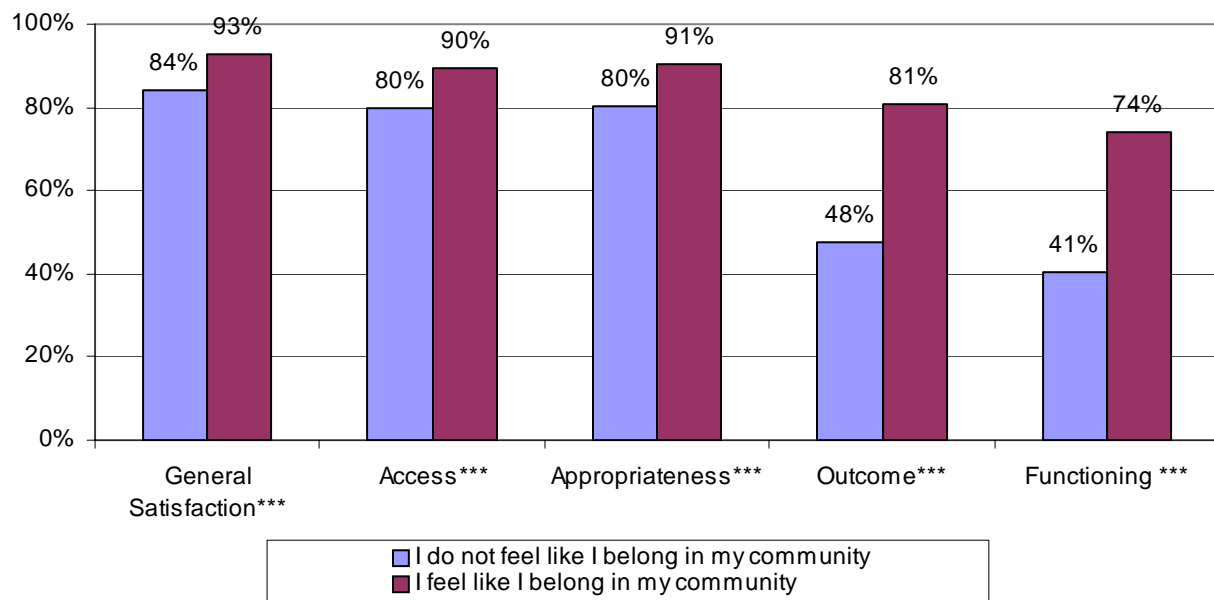


Figure 17: MH Consumer Satisfaction by Community Belonging

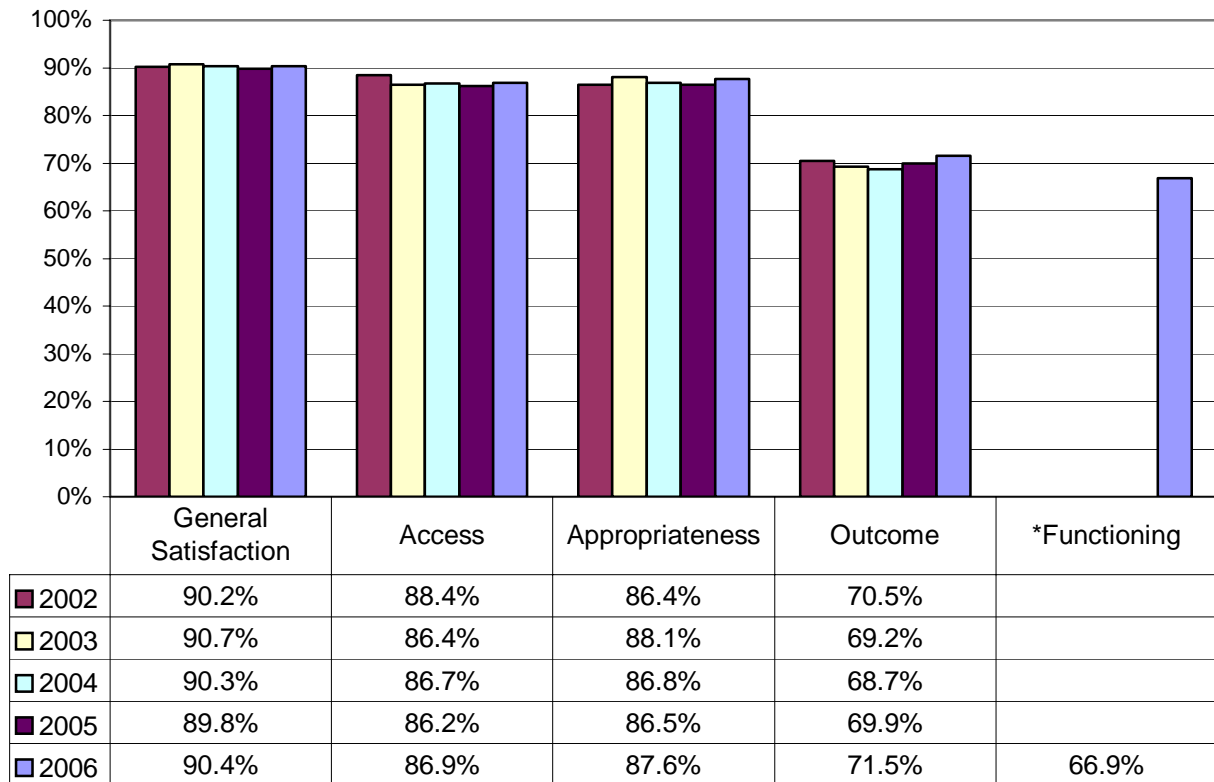


Consumer comment: “I feel that we should see the doctor for a longer period of time. More often during month.”

Trends Over Time

- Consumer satisfaction rates on all domains show a stable trend with only slight variations.

Figure 18: MH Consumer Satisfaction Trends (2002 – 2006)



* The Functioning Domain was new in 2006

Consumer comments:

- **” I am extremely happy with the services and organization. The only one suggestion I would have is to give access to the refill line 24 hours a day. ”**
- **“I only have one complaint, when submitting paper work from a job or etc....some jobs do have a time frame on that paper work. Would like to see better responses within that time frame which is set.”**

CSB Level Consumer Perception

- Individual CSB ratings for the five indicator domains are presented in Figures 19 – 23.
- Only those CSBs with more than ten surveys for which the domain subscale score could be calculated are presented in the graphs.
- Statewide average satisfaction percents are included for reference.

Figure 19: MH Consumer Satisfaction – General Satisfaction Domain by CSB

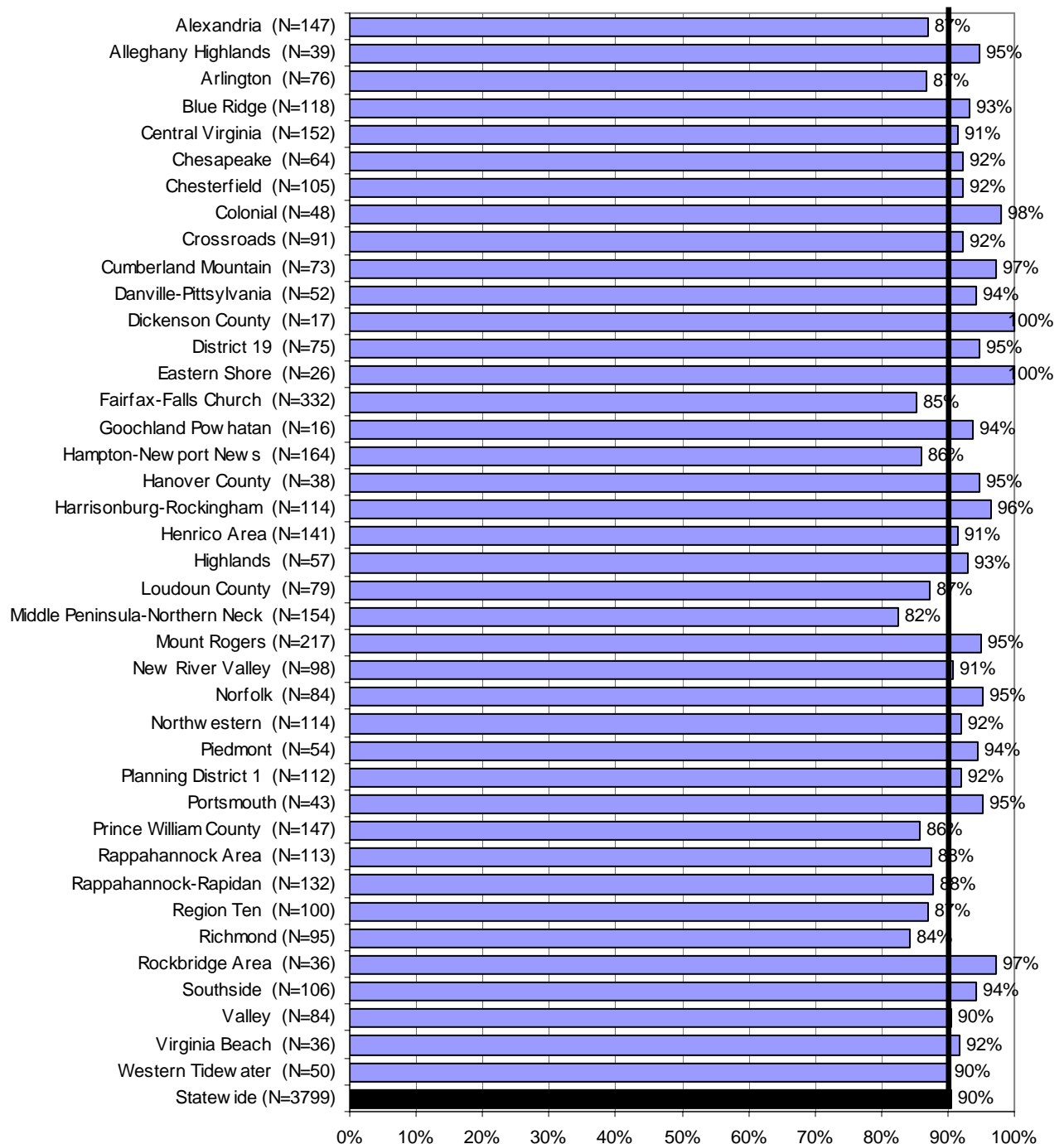


Figure 20: MH Consumer Satisfaction – Access Domain by CSB

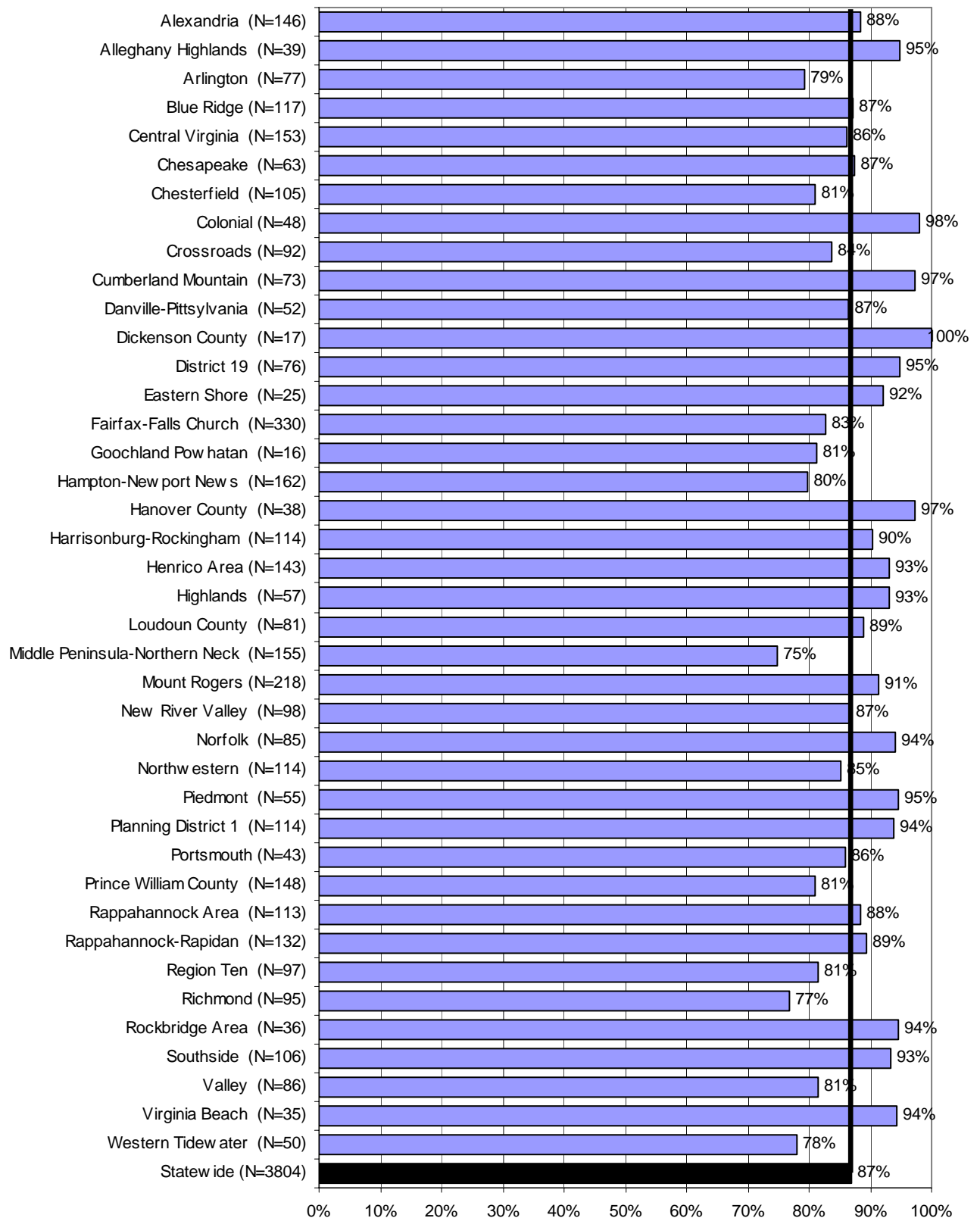


Figure 21: MH Consumer Satisfaction -Appropriateness Domain by CSB

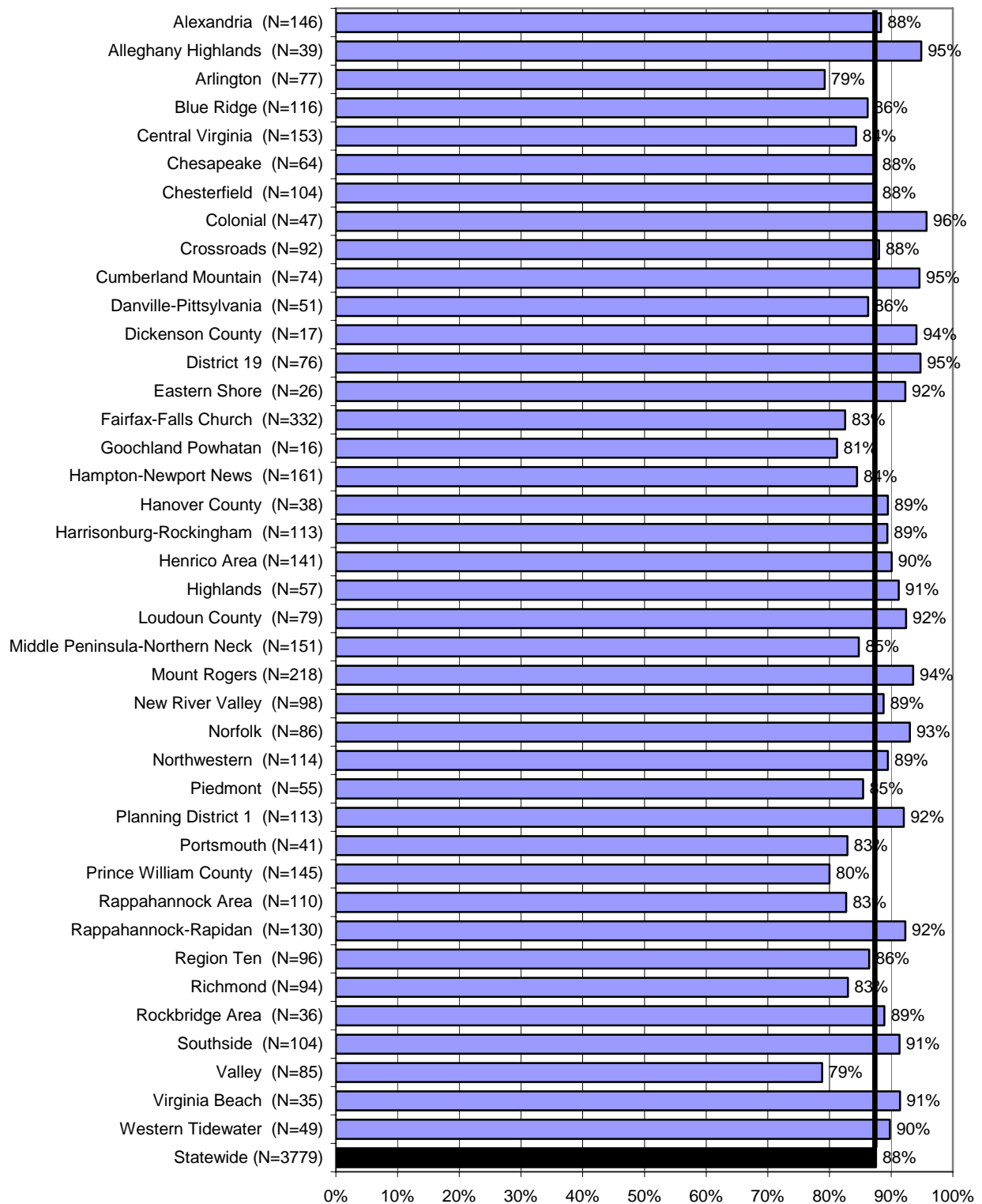


Figure 22: MH Consumer Satisfaction – Outcome Domain by CSB

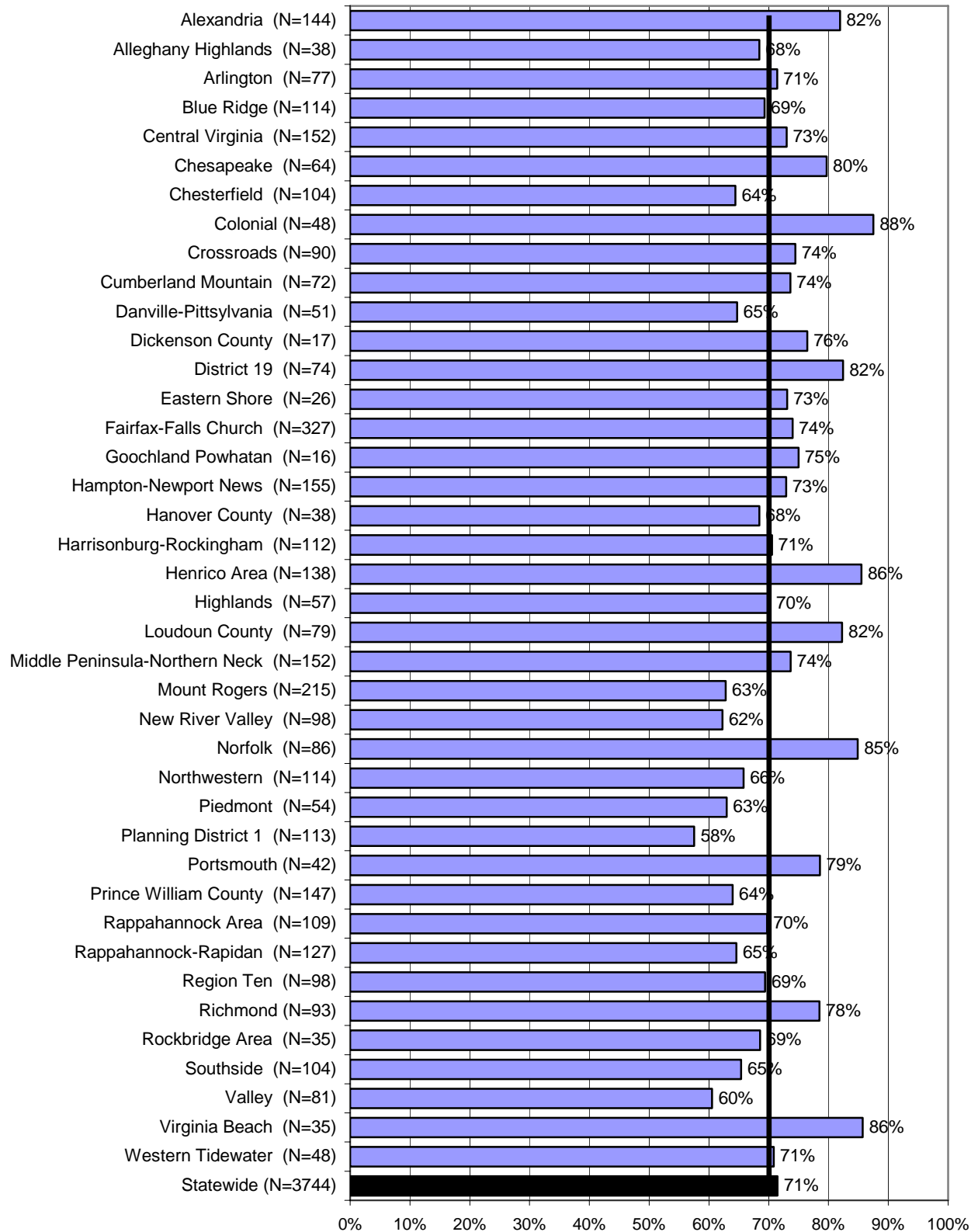
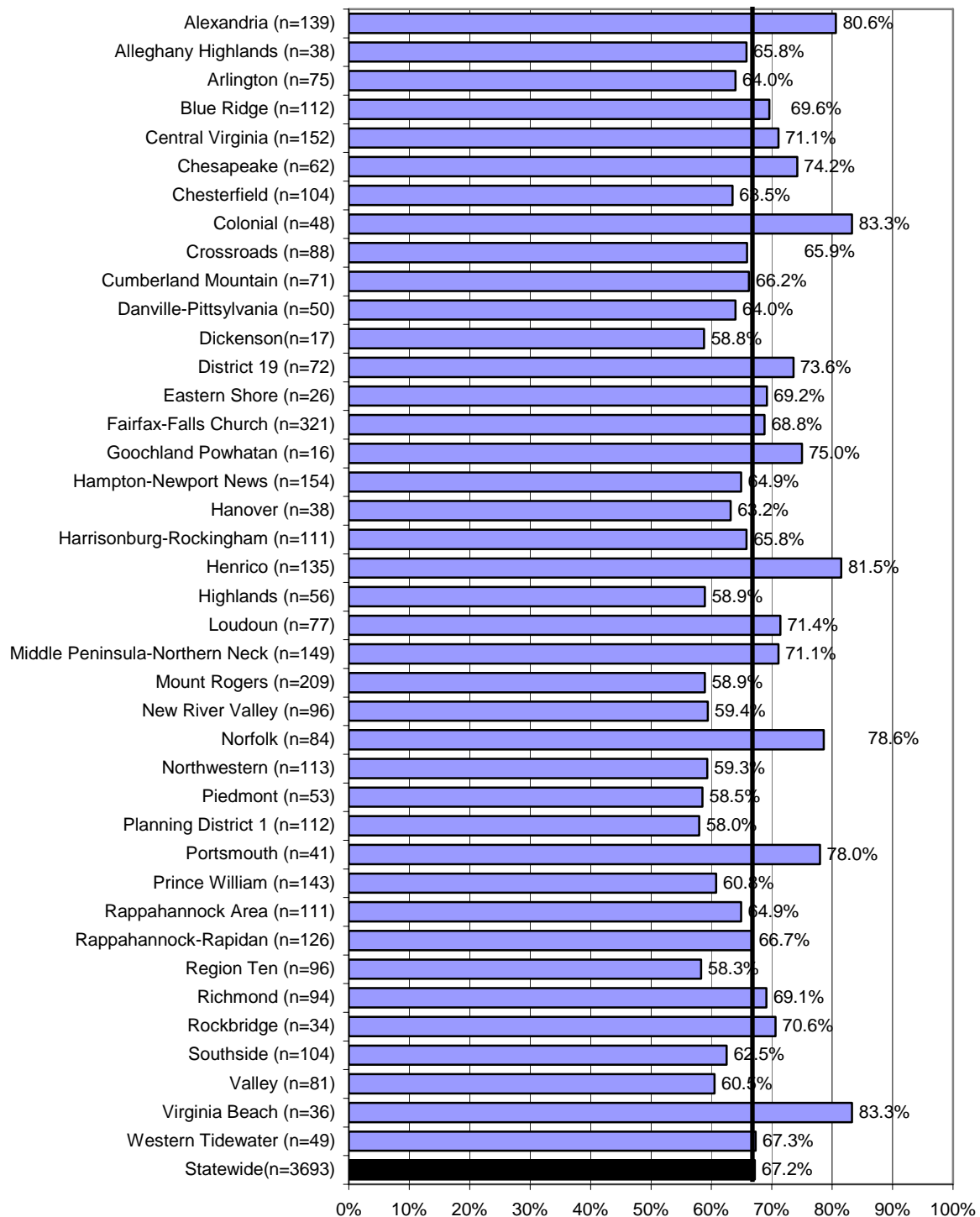


Figure 23: MH Consumer Satisfaction by CSB - Functioning Domain



Discussion

Most mental health consumers reported positive perceptions of CSB services. These results have been fairly consistent over time on all domains since 1999. The highest ratings were in the General Satisfaction domain, in which slightly over 90% percent of respondents reported positive perceptions of CSB services. The lowest was in the area of Functioning (a new domain) which was sixty-seven percent. Once again, the percentage of satisfaction increased on the Outcome domain this year (69.9% in 2005 to 71.5% in 2006) and increased slightly on the remaining three domains from the results of last year's survey. The MH consumers were more likely to report positive perceptions than SUD consumers or MH/SUD consumers on the General Satisfaction, Access, and Appropriateness domains. The SUD consumers were more likely to report positive perceptions on the Outcome and Functioning domains than either MH or MH/SUD consumers. Consumers who received both MH and SUD services were more likely to report positive perceptions in the Outcome and Functioning domains than MH consumers and were more likely to report positive perceptions of outcomes in the General Satisfaction, Access, and Appropriateness domains than SA consumers.

Many of the variables on the survey corresponded with differences in perceptions. Female consumers were significantly more likely to report positive perceptions on the General Satisfaction and Appropriateness domains, while male consumers were significantly more likely to report positive perceptions in the Outcome and Functioning domains. White and African-American consumers who received mental health services were significantly more likely to report positive perceptions of satisfaction on the Appropriateness domain than consumers of other races. African-Americans and consumers of "other" races were significantly more likely to report positive perceptions of satisfaction in the Outcome and Functioning domains than were white consumers.

Mental health consumers who claimed Hispanic ethnicity were significantly more likely to report positive perceptions of satisfaction on the Outcome domain than those who reported that they were not of Hispanic ethnicity. Consumers in the oldest age group, 65 years and over, were significantly more likely to report positive perceptions in the Outcome and Functioning domains than those in the younger two age groups. Consumers who had been in treatment longer were significantly more likely to express positive perceptions in the Access, Outcome, and Functioning domains.

Of those consumers who received mental health services, consumers who were referred by family, a physician, a hospital, or themselves were significantly more likely to report positive perceptions in the General Satisfaction and Access domains than those referred by DSS, EAP, employers, courts, police, or other referral resources. MH consumers who had not been homeless within the past six months were more likely to express positive levels of satisfaction in all domains except Functioning than homeless MH consumers. Consumers who did not move within the past six months were significantly more likely to express positive levels of satisfaction in the General satisfaction and Access domains than MH consumers who had moved one or more times.

MH consumers who had not been arrested within the past twelve months were significantly more likely to report positive perceptions on the General Satisfaction and Access domains than those who had some involvement with the criminal justice system. Consumers who had not been arrested in the twelve-month period in the previous year were significantly more likely to report a positive perception in the General Satisfaction and Appropriateness domains than those who were arrested in that same period.

MH consumers who had no psychiatric hospitalizations in the past twelve months were significantly more likely to report positive perceptions of CSB services in the Outcome and Functioning domains. MH consumers who had paid employment within the past twelve months were significantly more likely to report positive perceptions in the Outcome and Functioning domains than those who had not been employed. MH consumers who feel that they have support in times of crisis are significantly more likely to have positive perceptions of satisfaction on all domains than those who feel that they have no support from family or friends. Similarly, MH consumers who have people with whom they can do enjoyable things are significantly more likely to report positive perceptions of satisfaction on all domains than those who do not have such relationships. This also holds true for those consumers reporting satisfaction with their friendships and a sense of belonging in their community. Consumers who felt they were without such connections reported the lowest levels of satisfaction on the Outcome and Functioning domains.

Consumer comments:

- **“You should have a program to help mentally ill deal with legal matters. You should have a program to help mentally ill deal with situations of discrimination and abuse.”**
- **“Excellent care; responsive to my needs (taking meds, grocery shopping, other practical things).”**

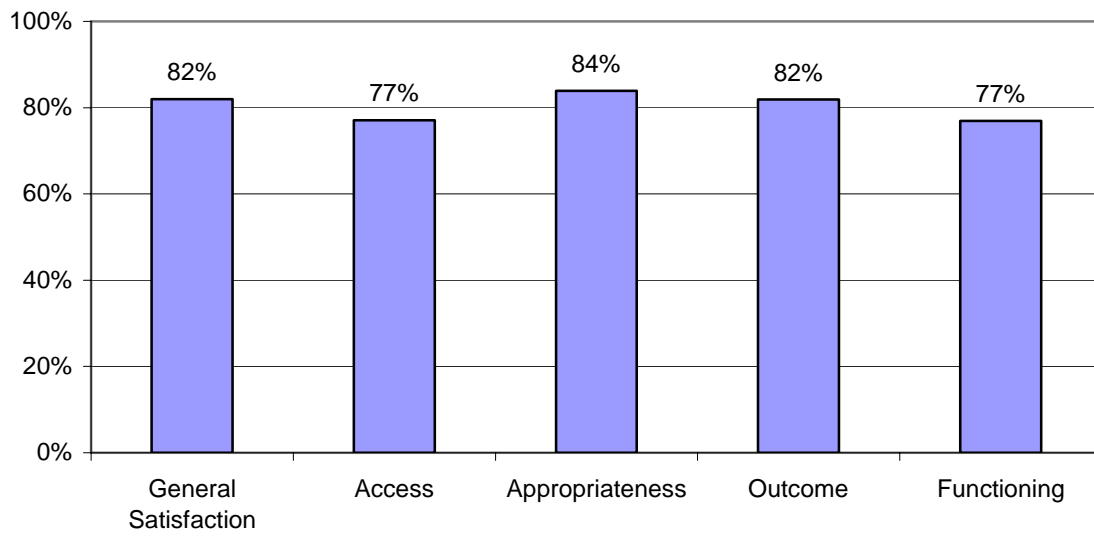
CHAPTER 3 : SUBSTANCE USE DISORDER CONSUMER RESPONSES

Consumer and Treatment Characteristics

- A total of 2,029 consumers (28%) identified alcohol or drugs as the primary reason for receiving services from the CSB.
- A majority (about 93%) was between the ages of 21 and 64, and about 6% were between the ages of 18 and 20.
- About 70% were male, about 54% were White, and about 32% were Black/African-American.
- With regard to Hispanic origin, 11.5% identified themselves as Hispanic.
- Sixty-seven percent were referred from Court or Law Enforcement, while 26.4% were referred by family, friends or self.
- About 59% had been receiving treatment for five months or less and about 13% had been receiving treatment for longer than two years.
- In the six months prior to the survey, 6.7% had been homeless and 31.6% had moved at least one time.
- In the past twelve months, 9.3% had a psychiatric hospitalization, 74.1% had paid employment, and 44.7% had been arrested. In the previous twelve months, 31.4% had been arrested.
- More than ninety-three percent have support in times of crisis, and 94.8% have people with whom to do enjoyable things. In addition, 90.6% reported being satisfied with their friendships, but only 85.1% reported feeling a sense of belonging in their community.

Satisfaction On All Domains

Figure 1: SUD Consumer Satisfaction Across Domains



General Satisfaction Domain

- About 85% agreed with the statement “I like the services that I receive”.
- Almost 76% agreed with the statement “If I had other choices, I would still get services from this agency”.
- About 84% reported that they would recommend this agency to a friend or family member.

Access Domain

- Over 81% agreed that the location of services is convenient.
- About 84% agreed with the statement “Staff are willing to see me as often as I feel it is necessary.”
- About 75% agreed with the statement “Staff returns my calls within 24 hours.”
- Over 76% agreed that services were available at times that were good for them.

Appropriateness Domain

- Over 89% agreed with the statement “Staff here believe that I can grow, change, and recover”.
- About 84% agreed with the statement “Staff respect my wishes about who is, and is not, to be given information about my treatment”.
- Almost 77% reported that staff is sensitive to their cultural background.
- About 74% reported agreement that staff tell them what medication side effects to watch for.
- About 80% reported that they feel free to complain.
- Over 84% reported that staff helped them to obtain information needed for the consumer to take charge of managing the illness.

Outcome Domain

- Over 84% agreed with the statement “I am better able to control my life”.
- About 84% agreed with the statement “I deal more effectively with daily problems”.
- Almost 77% reported that they did better at work or school.
- About 77% reported that they did better in social settings.
- About 80% reported that they were better able to deal with a crisis.
- About 81% reported that they got along better with their family.
- About 78% agreed with the statement “My symptoms are not bothering me as much”.

Functioning Domain

- About 82% reported that “I do things that are more meaningful to me.”
- Almost 83% reported that “I am better able to take care of my needs.”
- About 81% reported that “I am better able to handle things when they go wrong.”
- Eighty percent reported that “I am better able to do things that I want to do.”

Other Survey Items (not included in a domain or Total Satisfaction scoring)

- About 87% reported that they felt comfortable asking questions about their treatment and medication.
- Almost 85% agreed with the statement “I am able to get all the services I think I need.”
- Slightly over 70% agreed with the statement “I, not staff, decide my treatment goals.”
- About 74% agreed with the statement “I am satisfied with my living arrangements.”
- About 59% agreed with the statement “I was encouraged to use consumer run programs.”

Consumer comments:

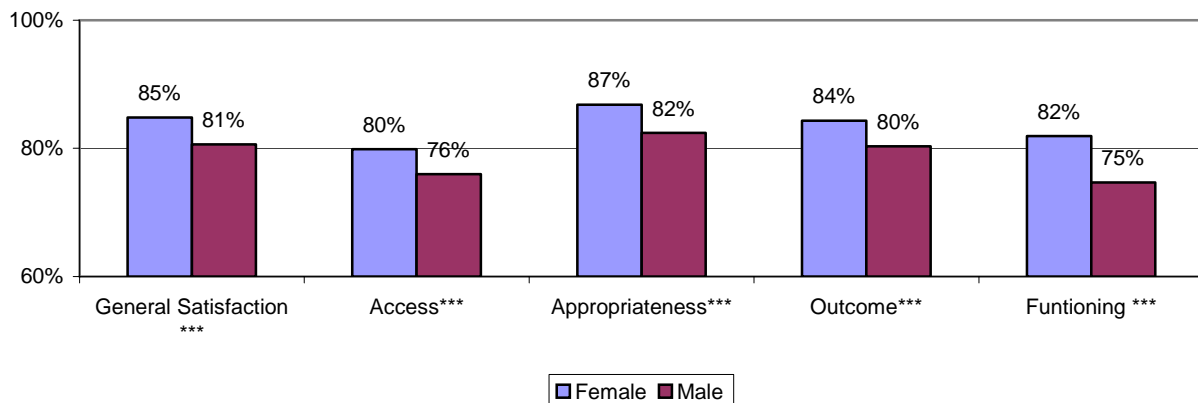
- **“Need to improve the relationship with those who are staying clean and doing the right things. Sometimes I feel like they treat us like drug dealers.”**
- **“Need more places to have VASAP classes.”**
- **“Been clean now for years.”**
- **“This group has been a big asset in my life. They helped me to return to my AA/NA meetings.”**

Differences Between Groups

Did Satisfaction Differ by Gender?

Female consumers were significantly more likely to report positive perceptions in all domains.

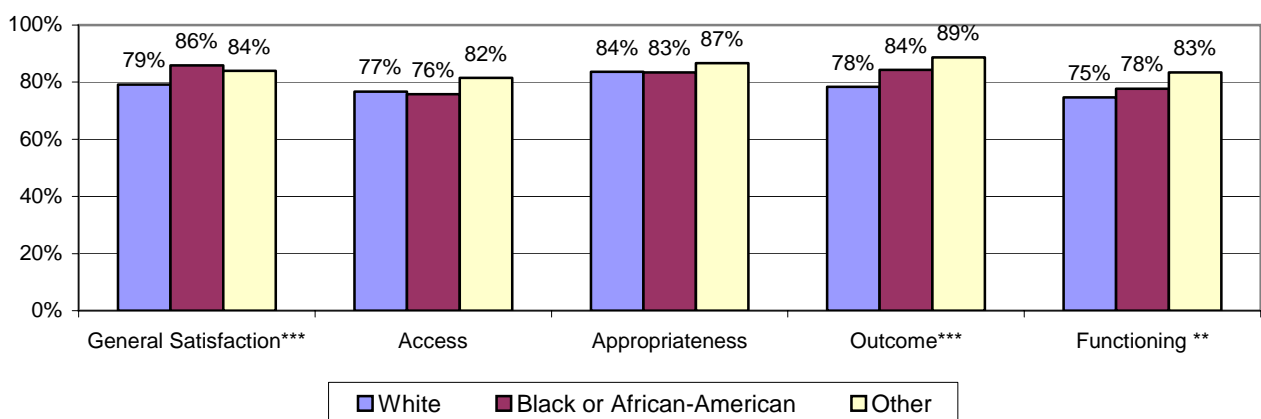
Figure 2: SUD Consumer Satisfaction by Gender



Did Satisfaction Differ by Race?

Consumers categorized as “other” races and African-American were significantly more likely to report positive perceptions in the General Satisfaction, Outcome, and Functioning domains than consumers who identified themselves as White.

Figure 3: SUD Consumer Satisfaction by Race



*Differences between groups were significant at the $p \leq .05$ level

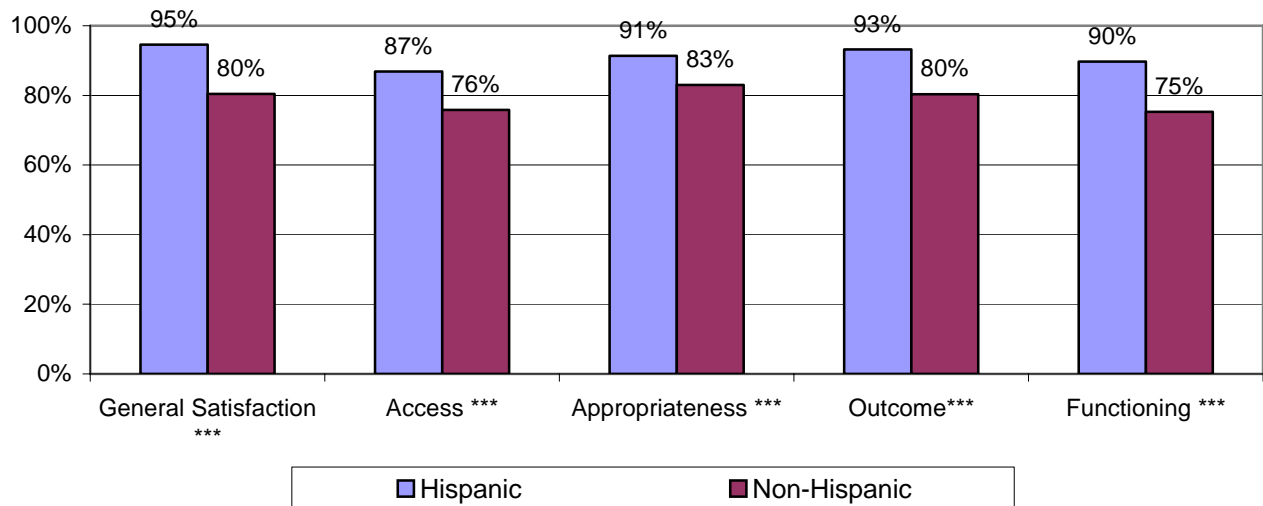
**Differences between groups were significant at the $p \leq .01$ level

***Differences between groups were significant at the $p \leq .001$ level

Did Satisfaction Differ by Ethnicity?

Consumers of substance abuse services who claimed Hispanic ethnicity expressed significantly higher perceptions of satisfaction in all domains than consumers of non-Hispanic ethnicity.

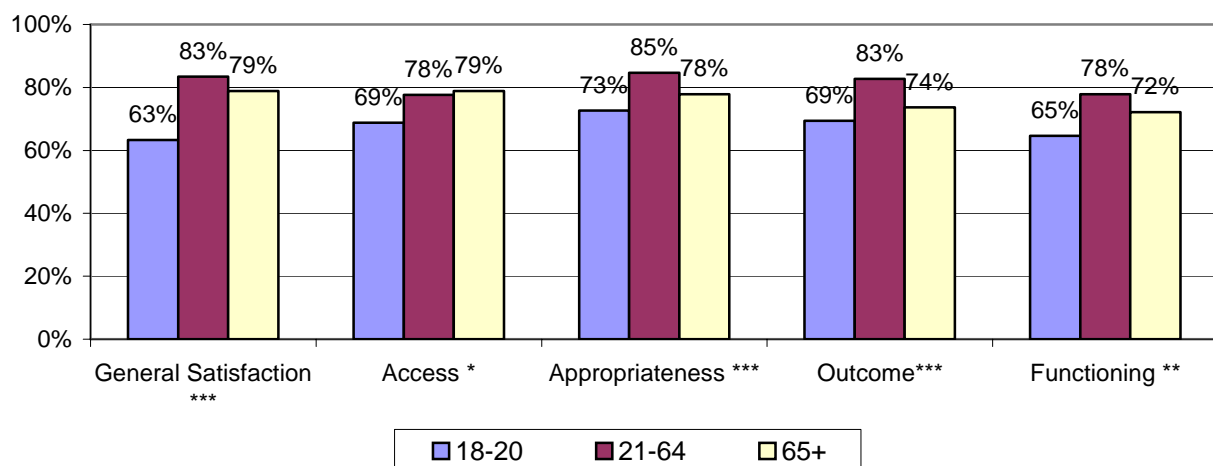
Figure 4: SUD Consumer Satisfaction by Ethnicity



Did Satisfaction Differ by the Age Group of the Consumer?

The youngest age group, those consumers 18-20 years of age, had significantly less positive perceptions in all domains than the two older groups.

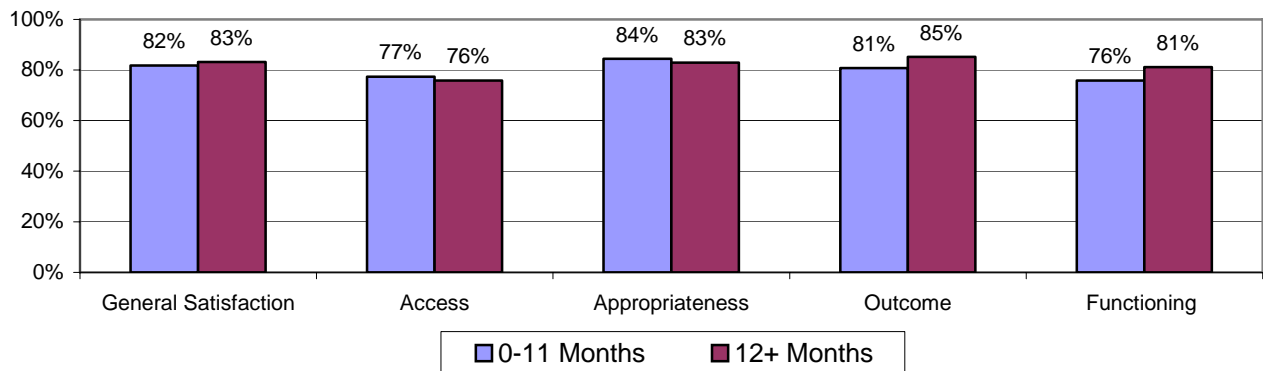
Figure 5: SUD Consumer Satisfaction by Age Group



Did Satisfaction Differ by Length of Treatment?

Consumers in treatment for less than 12 months were more likely to express positive perceptions in the, Access and Appropriateness domains, whereas consumers in treatment for a year or longer reported slightly higher positive perceptions in the General Satisfaction, Outcome, and Functioning.

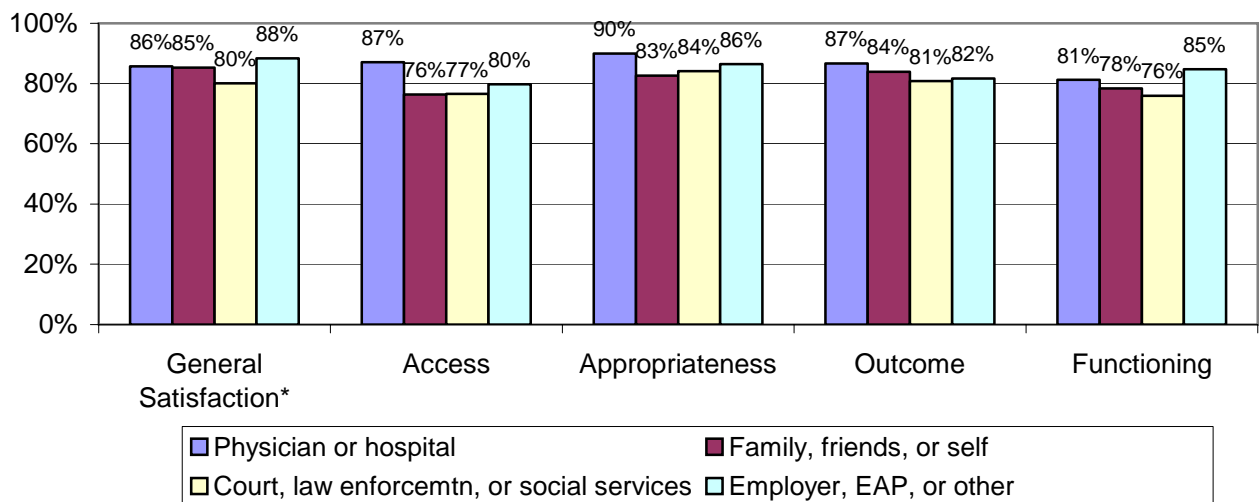
Figure 6: SUD Consumer Satisfaction by Length of Treatment



Did Satisfaction Differ by Referral Source?

Consumers who reported being referred by an Employer, EAP, or other source were significantly more likely to express positive perceptions in the General Satisfaction domain.

Figure 7: SUD Consumer Satisfaction by Referral Source



Did Satisfaction Differ by Housing Situation?

Those consumers who reported being homeless within the past six months had significantly lower positive perceptions in the Access, Outcome, and Functioning domains than those who had not reported being homeless. Those consumers who did not move in the past six months were significantly more likely to report positive perceptions on the Access domain.

Figure 8: SUD Consumer Satisfaction by Homelessness

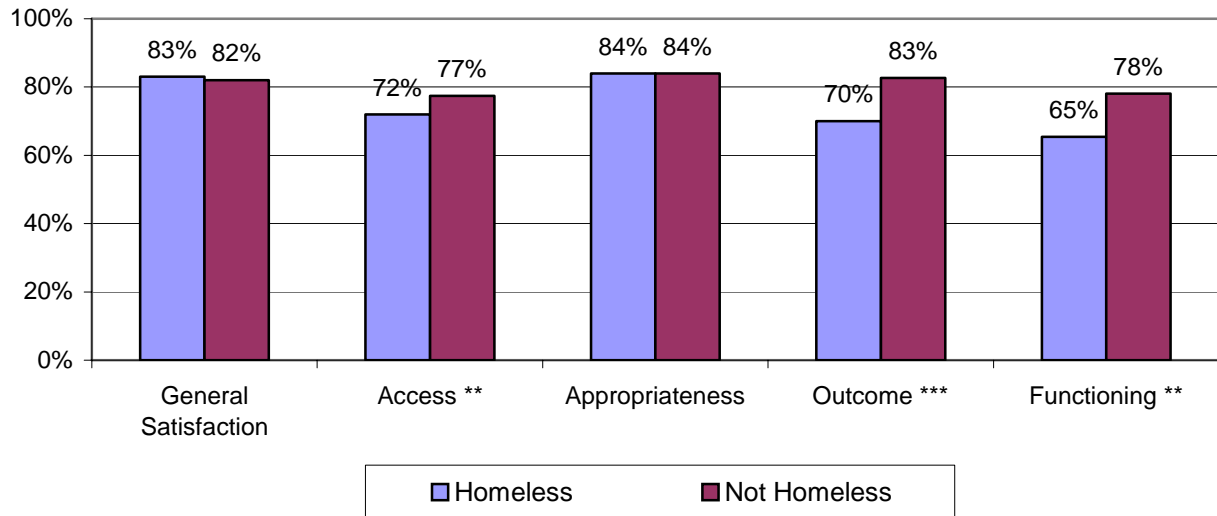
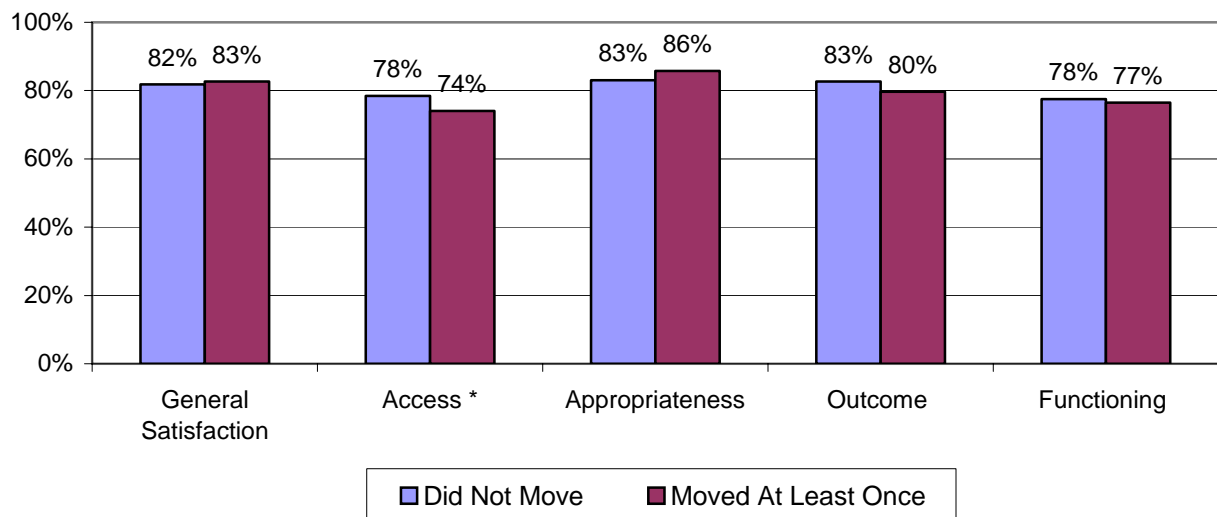


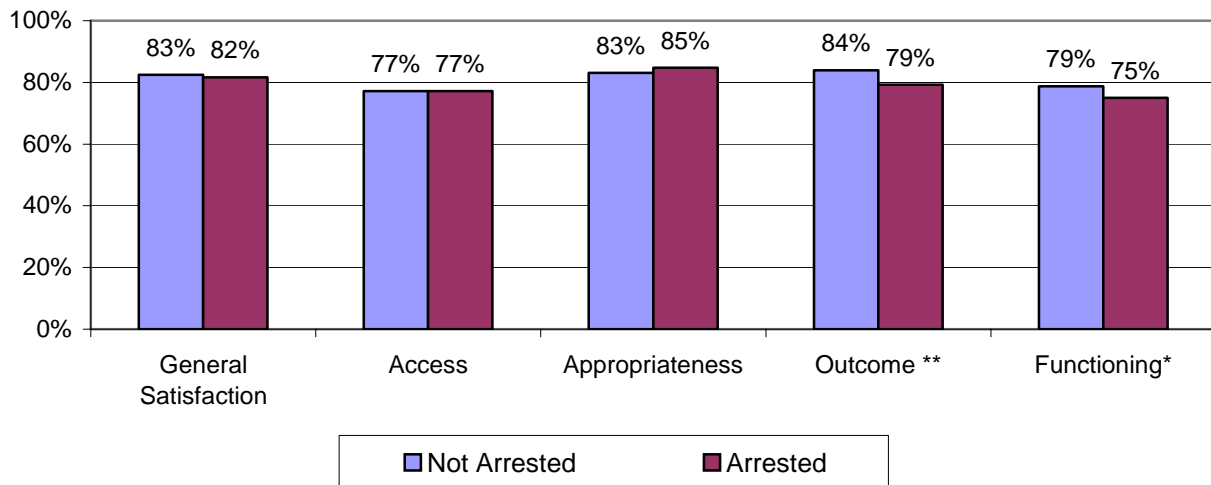
Figure 9: SUD Consumer Satisfaction by Frequency of Moves



Did Satisfaction Differ by Involvement with the Criminal Justice System?

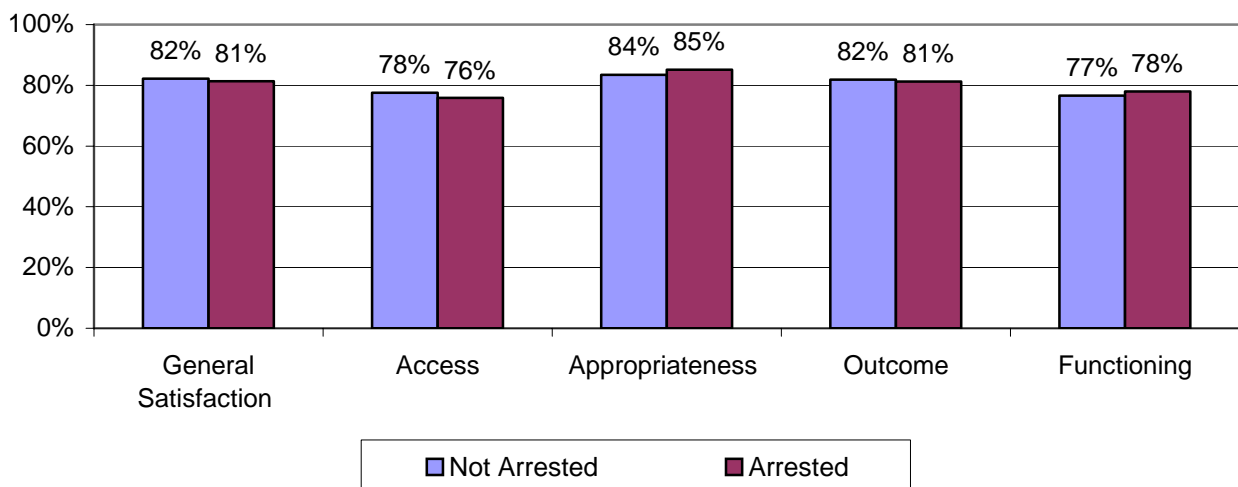
Consumers who had not been arrested within the past 12 months were significantly more likely to report positive perceptions in the Outcome and Functioning domains than those who had some involvement with the criminal justice system.

Figure 10: SUD Consumer Satisfaction by Criminal Justice System Involvement, Current Year



There were few differences in positive perception between those who had not been arrested within the 12 months of the previous year and those who had.

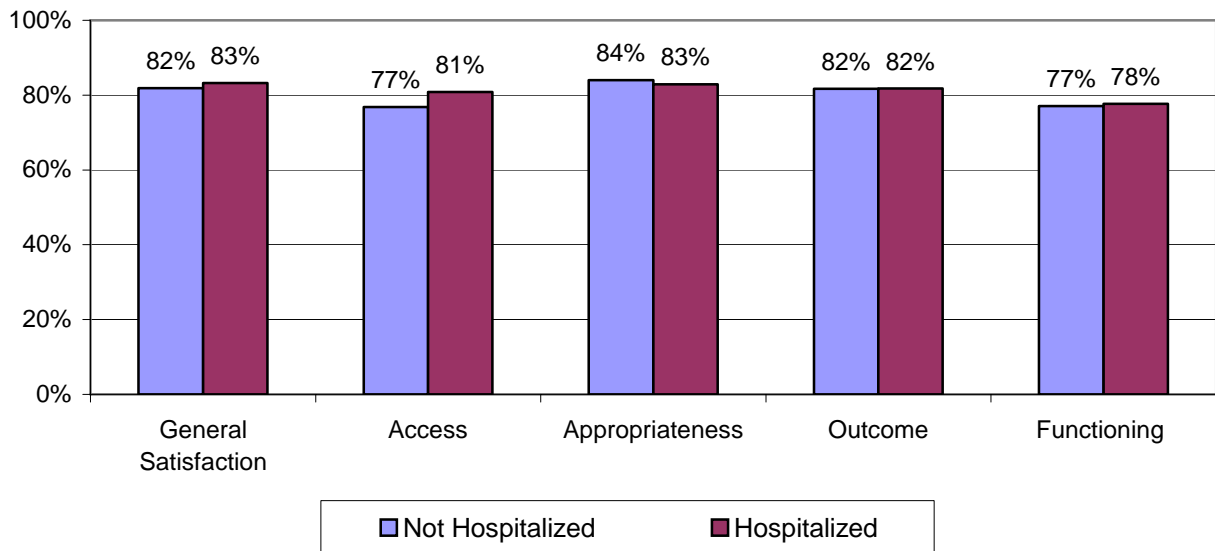
Figure 11: SUD Consumer Satisfaction by Criminal Justice System Involvement, Previous Year



Did Satisfaction Differ by Psychiatric Hospitalization?

No statistically significant difference was seen in satisfaction levels between those who had been in a psychiatric hospital within the past 12 months and those who had not.

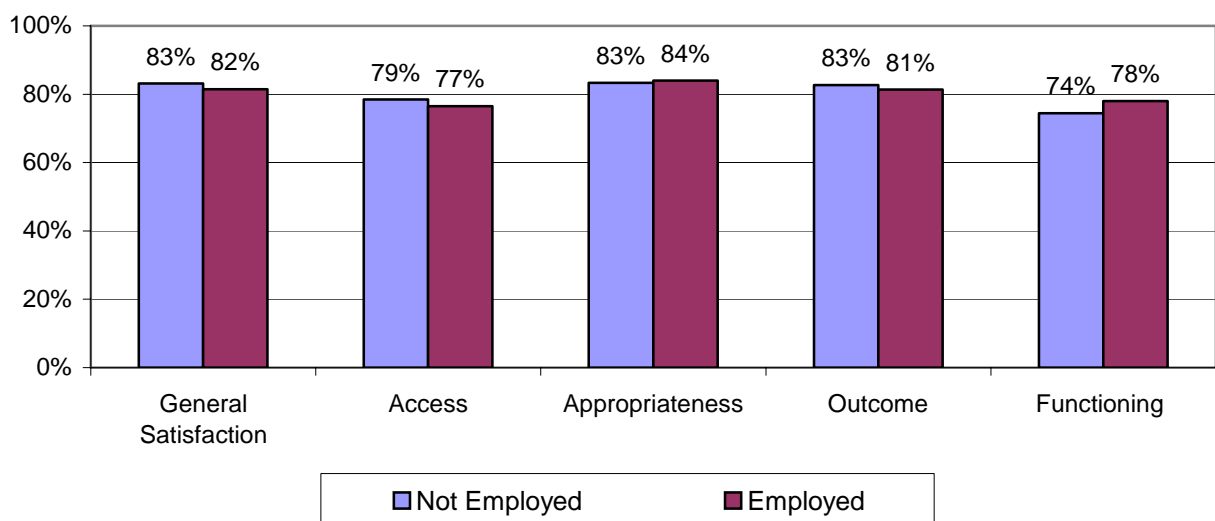
Figure 12: SUD Consumer Satisfaction by Psychiatric Hospitalization



Did Satisfaction Differ by Employment?

There were no significant differences between consumers who had paid employment within the past 12 months and those who had no paid employment.

Figure 13: SUD Consumer Satisfaction by Employment



Did Satisfaction Differ by Social Connectedness?

Consumers who felt that they have adequate support from family or friends in times of crisis were significantly more likely to express positive perceptions in the Appropriateness, Outcome, and Functioning domains. Consumers who felt that they have people with whom they can do enjoyable things were significantly more likely to express positive perceptions in the Appropriateness, Outcome, and Functioning domains than those who do not have such relationships.

Figure 14: SUD Consumer Satisfaction by Crisis Support

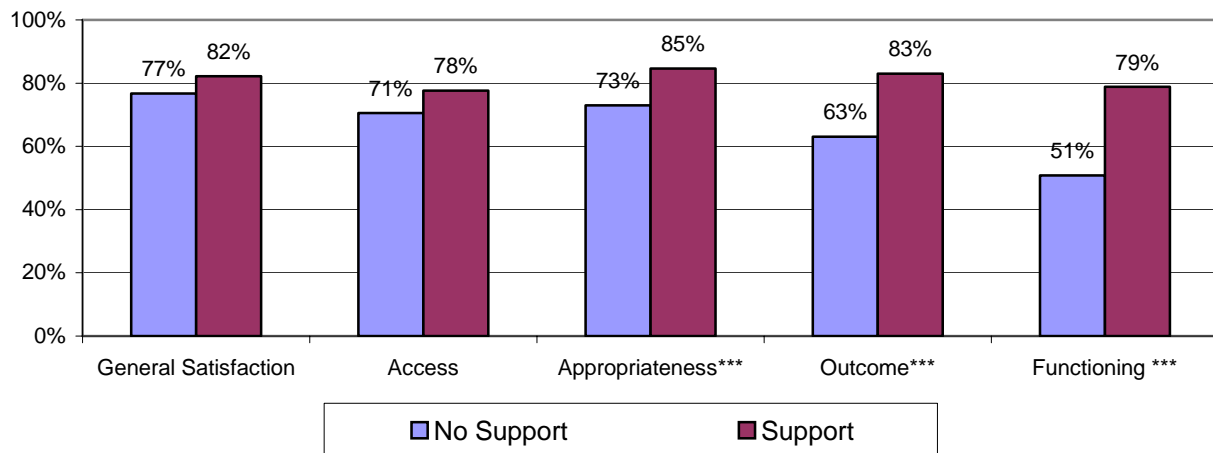
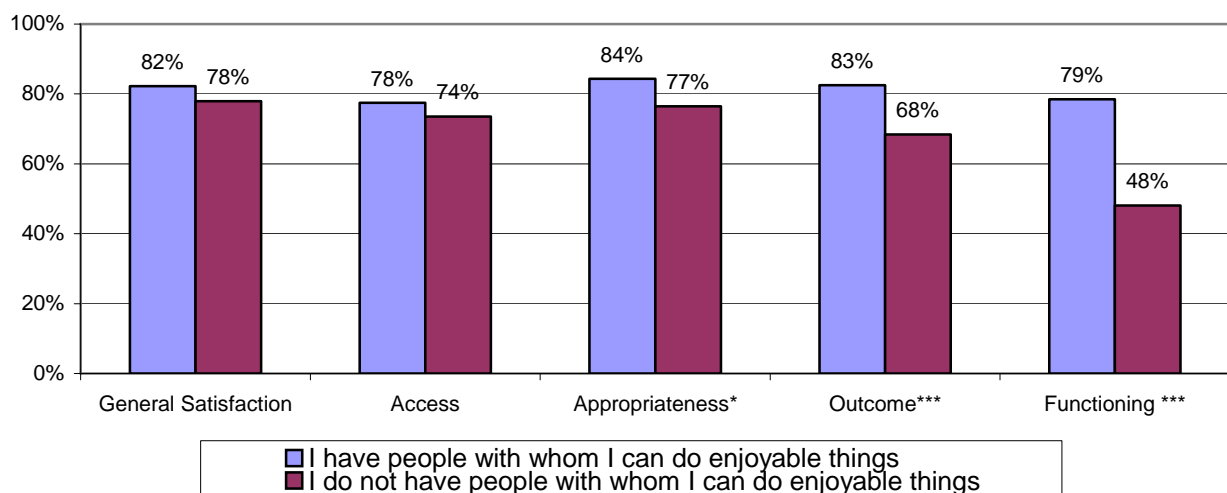


Figure 15: SUD Consumer Satisfaction by Social Support



Consumers who felt that they were happy with their friendships were significantly more likely to express positive perceptions in the Access, Appropriateness, Outcome, and Functioning domains. Consumers who felt that they belong in their communities were significantly more likely to express positive perceptions in all domains

Figure 16: SUD Consumer Satisfaction by Friendships

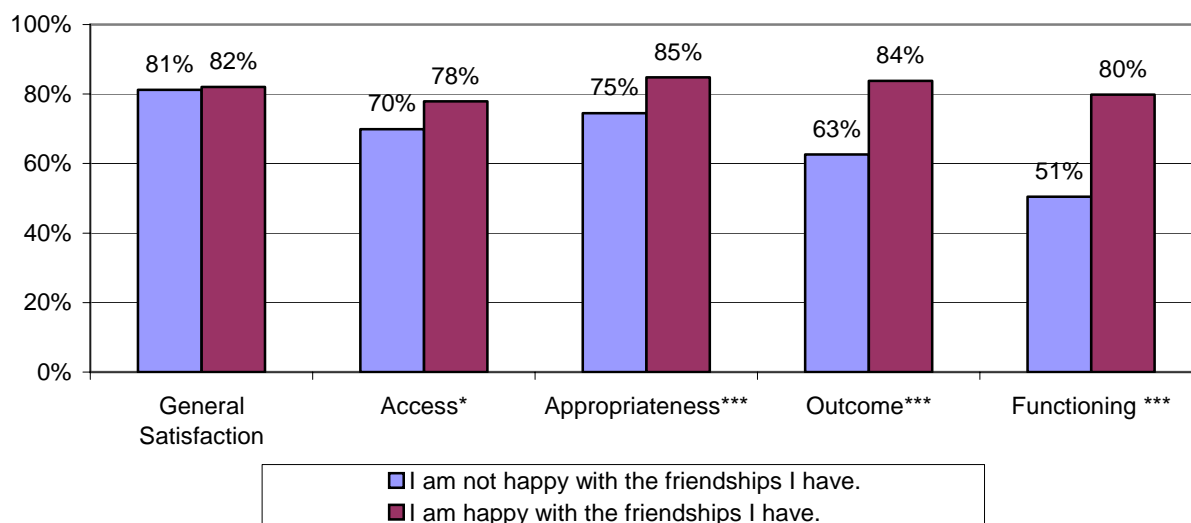
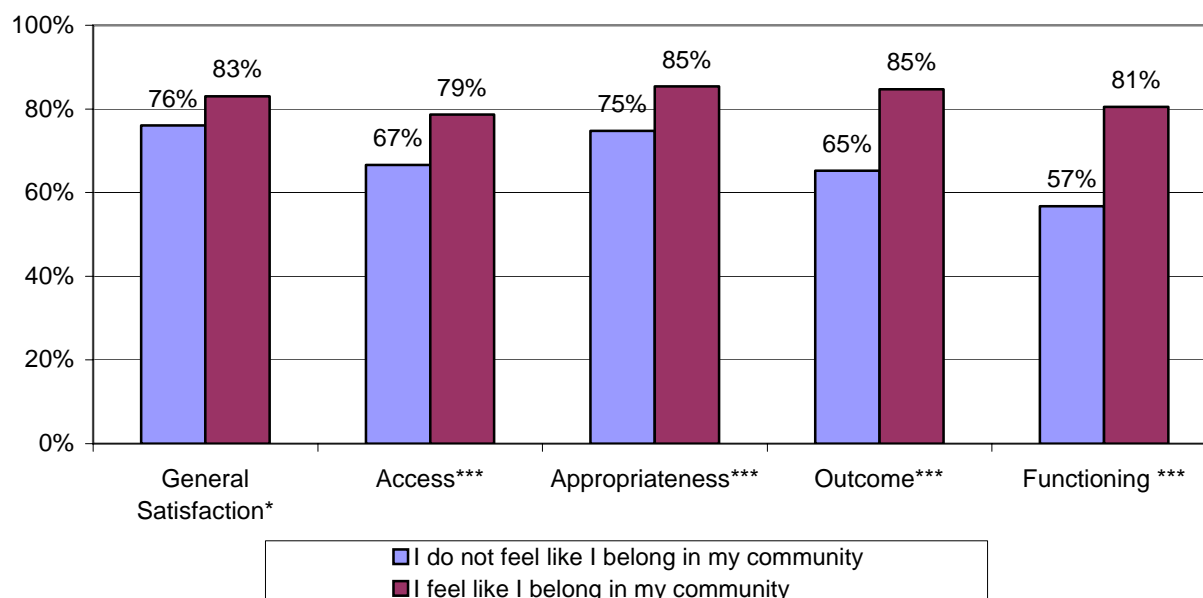


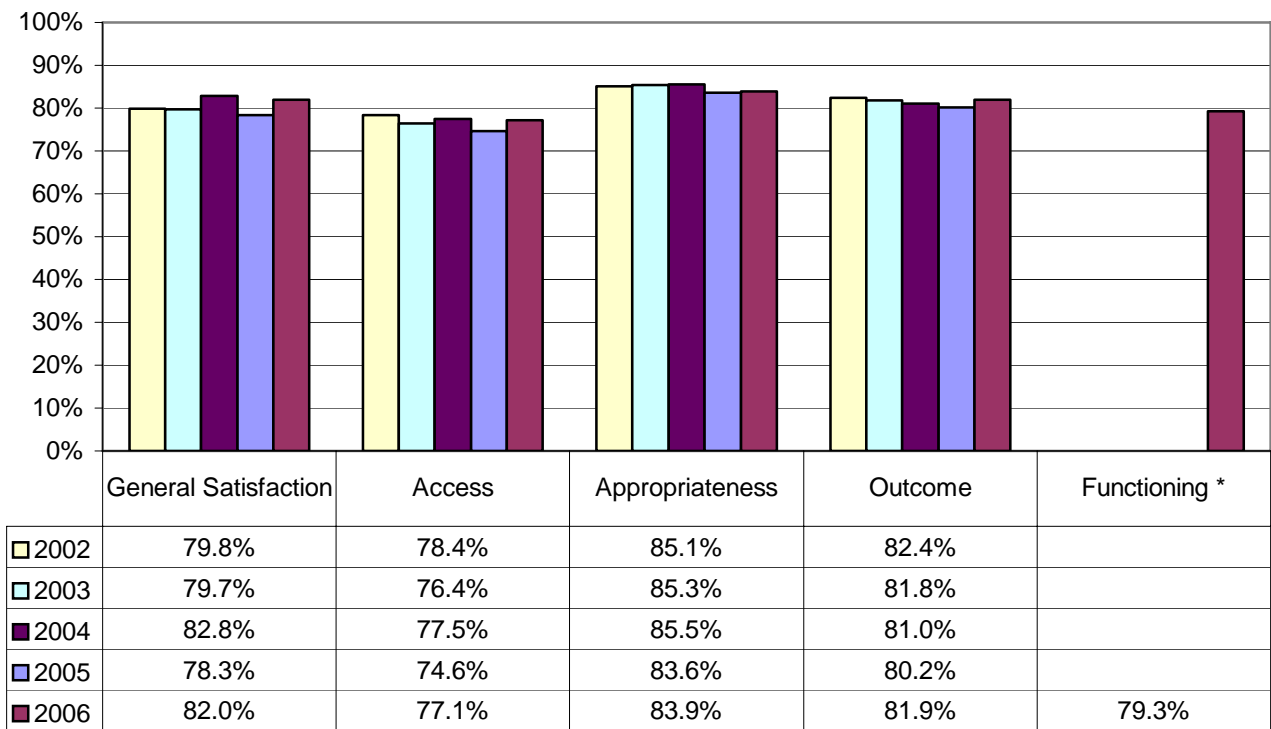
Figure 17: SUD Consumer Satisfaction by Community Belonging



Trends Over Time

Overall, the percent of consumers reporting positive perceptions in the General Satisfaction, Access, Appropriateness, and Outcomes domains has remained stable, with a slight increase from last year. The Functioning domain was added in 2006.

Figure 18: SUD Consumer Satisfaction Trends (2002 - 2006)



* The Functioning Domain was new in 2006

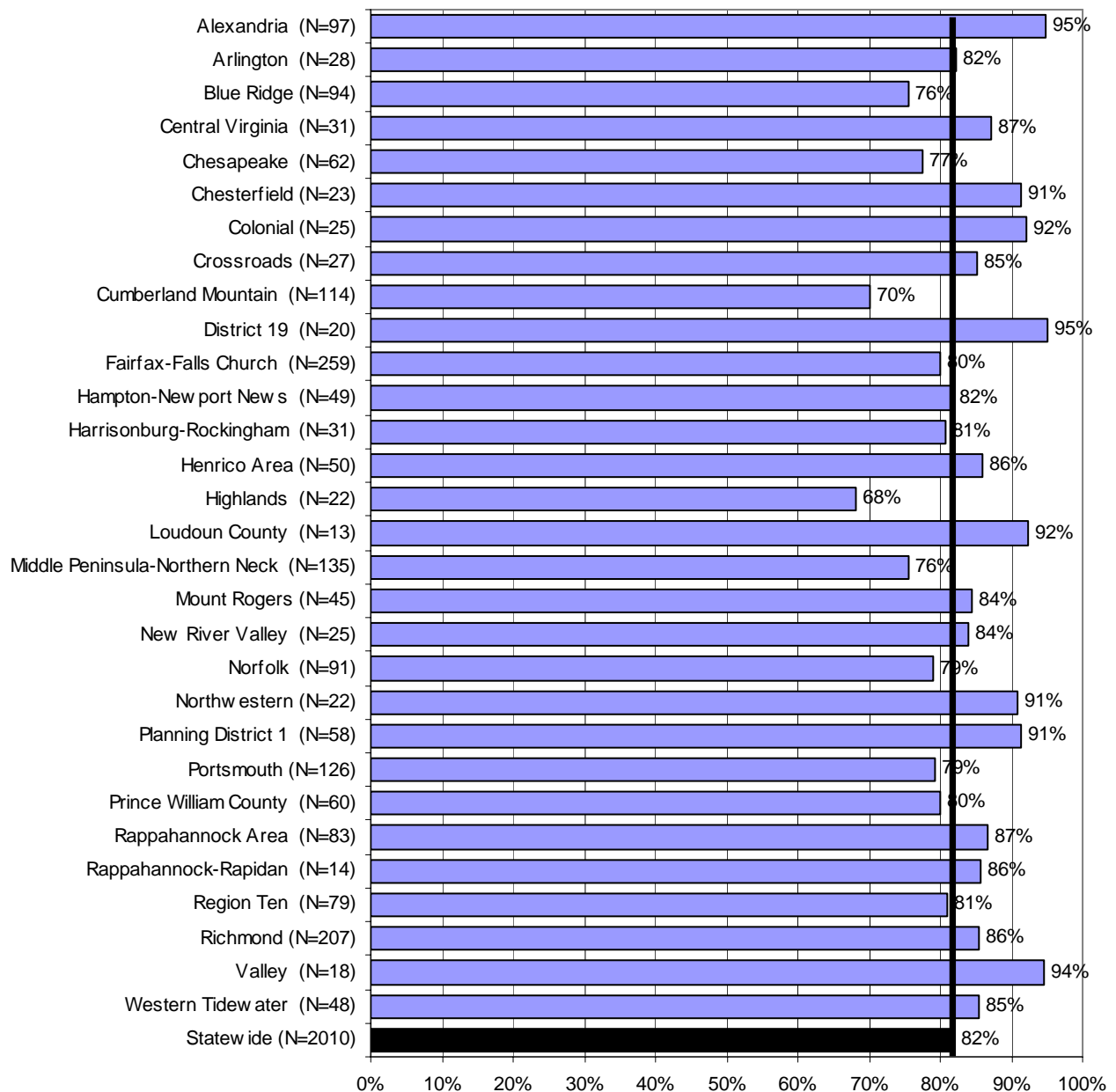
Consumer comments:

- “Not enough about learning not to pick up drugs and alcohol when you crave.”
- “You've been very patient with my on-going recovery & relapse situation.”
- “Court order means I have no medical privacy. I do not like this at all.”

CSB Level Consumer Perception

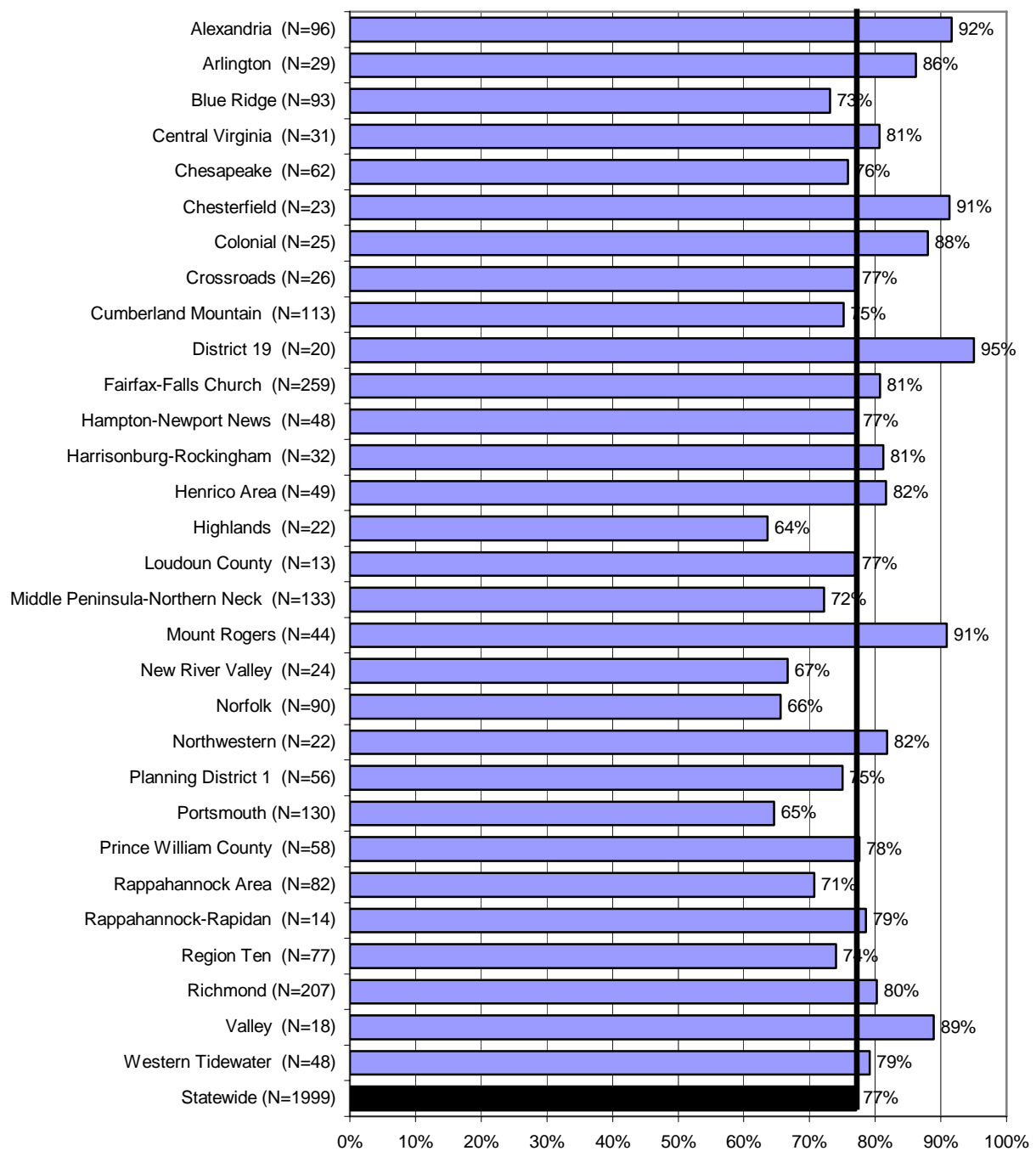
- Individual CSB ratings for the five indicator domains are presented in Figures 19 – 23.
- Only those CSBs with more than ten surveys for which the domain subscale score could be calculated are presented in the graphs.
- Statewide average satisfaction percents are included for reference.

Figure 19: SUD Consumer Satisfaction – General Satisfaction Domain by CSB



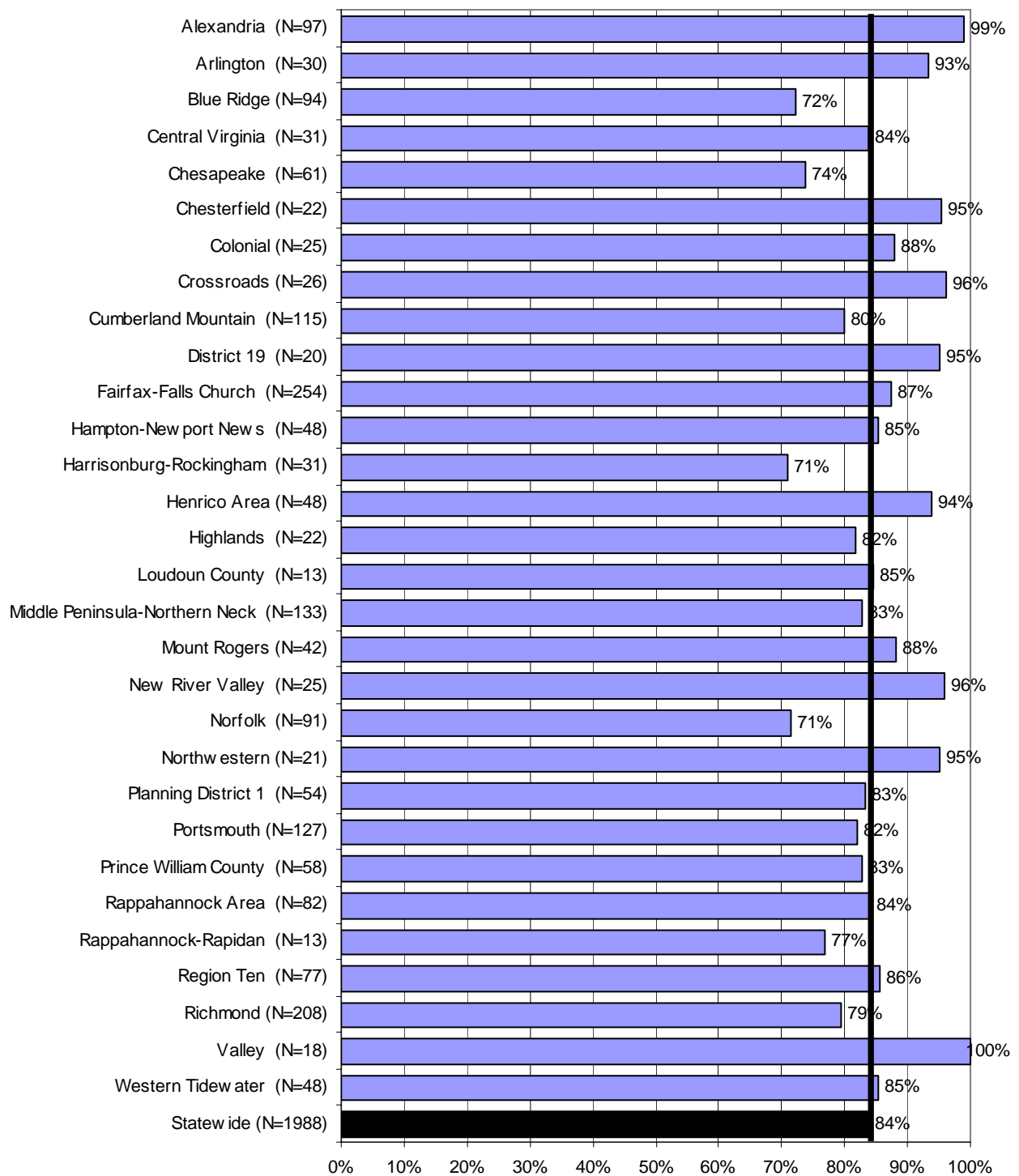
Note: CSBs with fewer than 11 surveys for which the domain subscale score could be calculated are not included in the chart above.

Figure 20: SUD Consumer Satisfaction – Access Domain by CSB



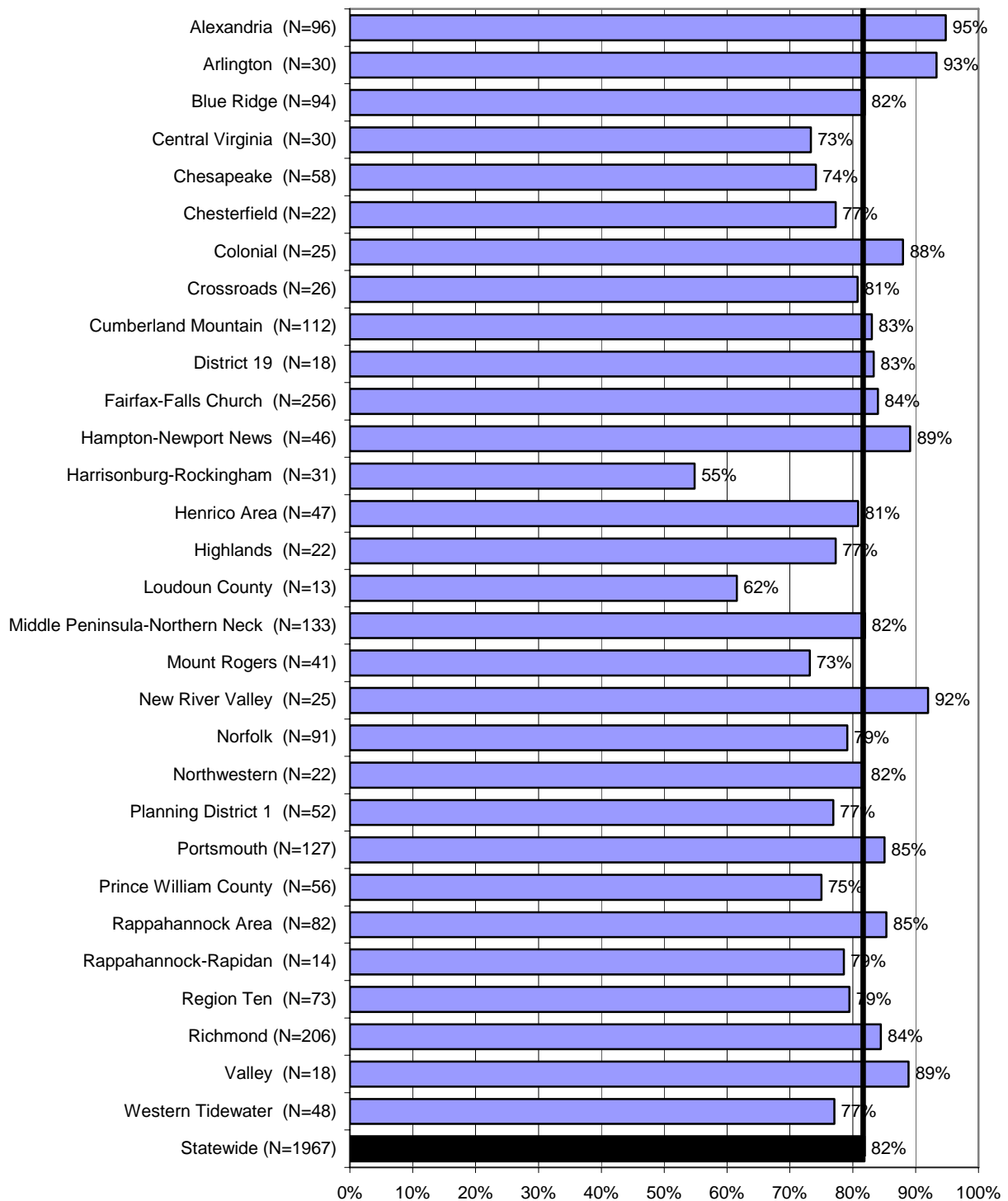
Note: CSBs with fewer than 11 surveys for which the domain subscale score could be calculated are not included in the chart above.

Figure 21: SUD Consumer Satisfaction - Appropriateness Domain by CSB



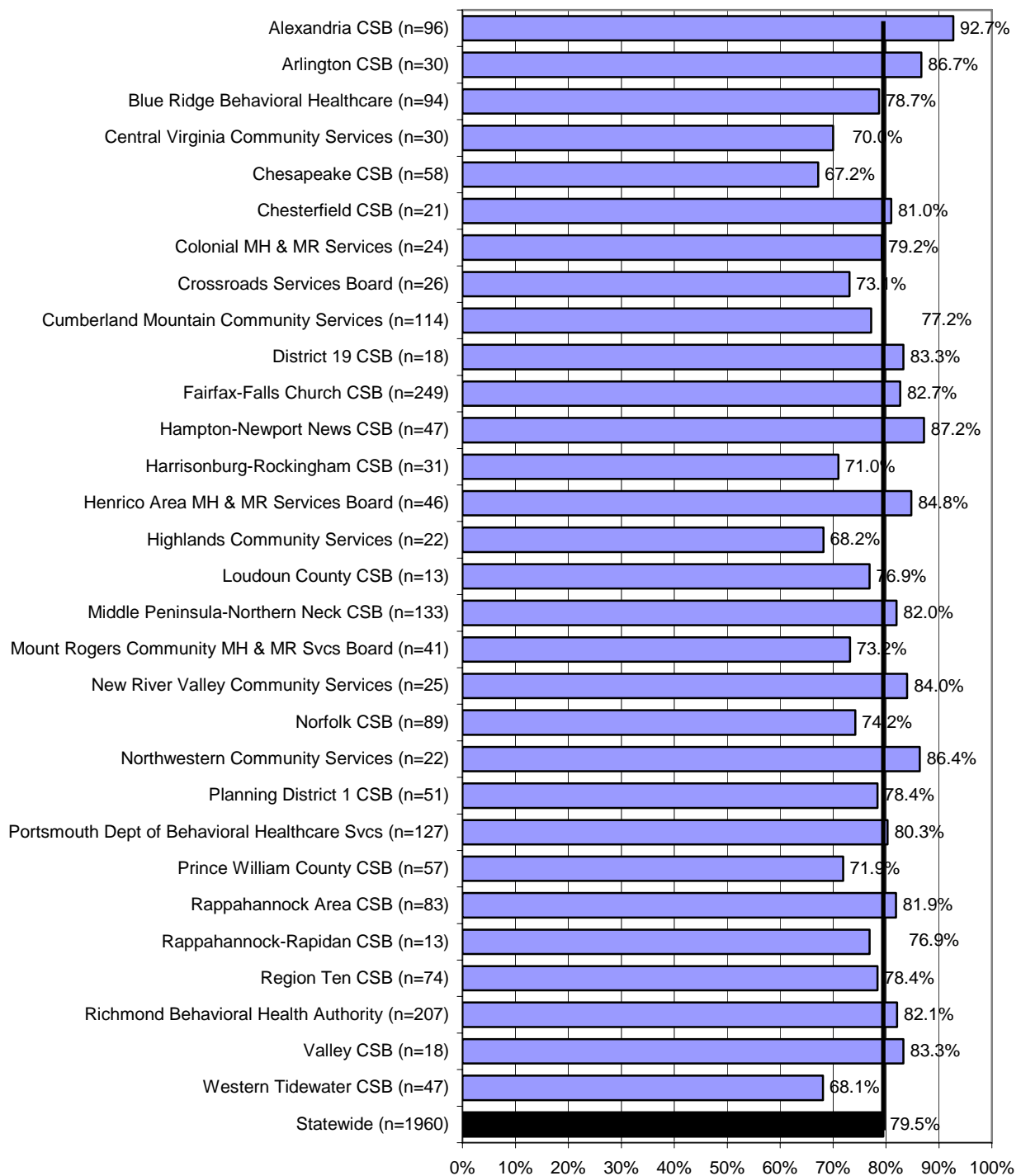
Note: CSBs with fewer than 11 surveys for which the domain subscale score could be calculated are not included in the chart above.

Figure 22: SUD Consumer Satisfaction – Outcome Domain by CSB



Note: CSBs with fewer than 11 surveys for which the domain subscale score could be calculated are not included in the chart above.

Figure 23: SUD Consumer Satisfaction by CSB - Functioning Domain



Note: CSBs with fewer than 11 surveys for which the domain subscale score could be calculated are not included in the chart above.

Discussion

Overall, most SUD consumers reported positive perceptions of CSB services, particularly in the Appropriateness domain. Levels of satisfaction increased on all domains in the past year for SUD consumers, except in the Functioning domain which was new in 2006. Female consumers were significantly more likely to report positive perceptions on all domains. Consumers categorized as “other” races and African-American were significantly more likely to report positive perceptions in the General Satisfaction, Outcome, and Functioning domains than consumers who identified themselves as White. Consumers of substance abuse services who claimed Hispanic ethnicity expressed significantly higher perceptions of satisfaction in all domains than consumers of non-Hispanic ethnicity.

The youngest age group, those consumers 18-20 years of age, had significantly less positive perceptions in all domains than the two older groups. Length of treatment did not have a significant impact on the perception of services on any domain. Consumers who reported being referred by an employer, EAP, or other source were significantly more likely to express positive perceptions in the General Satisfaction domain and reported just slightly higher positive perceptions in the Functioning domain. Consumers who were referred by a physician, or hospital reported just slightly higher positive perceptions in the remaining domains as compared to other referral source categories.

Those consumers who reported being homeless within the past six months had lower positive perceptions in all domains, but significantly lower in the Access, Outcome, and Functioning domains than those who had not reported being homeless. Those consumers who did not move in the past six months were significantly more likely to report positive perceptions on the Access domain. Consumers who had not been arrested within the past 12 months were significantly more likely to report positive perceptions in the Outcome and Functioning domains than those who had some involvement with the criminal justice system. There were few differences in positive perception between those who had not been arrested within the 12 months of the previous year and those who had. No statistically significant difference was seen in satisfaction levels between those who had been in a psychiatric hospital within the past 12 months and those who had not. There were no significant differences in the perception of services between consumers who had paid employment within the past 12 months and those who had no paid employment.

Consumers who felt that they have adequate support from family or friends in times of crisis were significantly more likely to express positive perceptions in the Appropriateness, Outcome, and Functioning domains. Consumers who felt that they have people with whom they can do enjoyable things were significantly more likely to express positive perceptions in the Appropriateness, Outcome, and Functioning domains than those who do not have such relationships. Consumers who felt that they were happy with their friendships were significantly more likely to express positive perceptions in the Access, Appropriateness, Outcome, and Functioning domains. Consumers who felt that they belong in their communities were significantly more likely to express positive perceptions in all domains

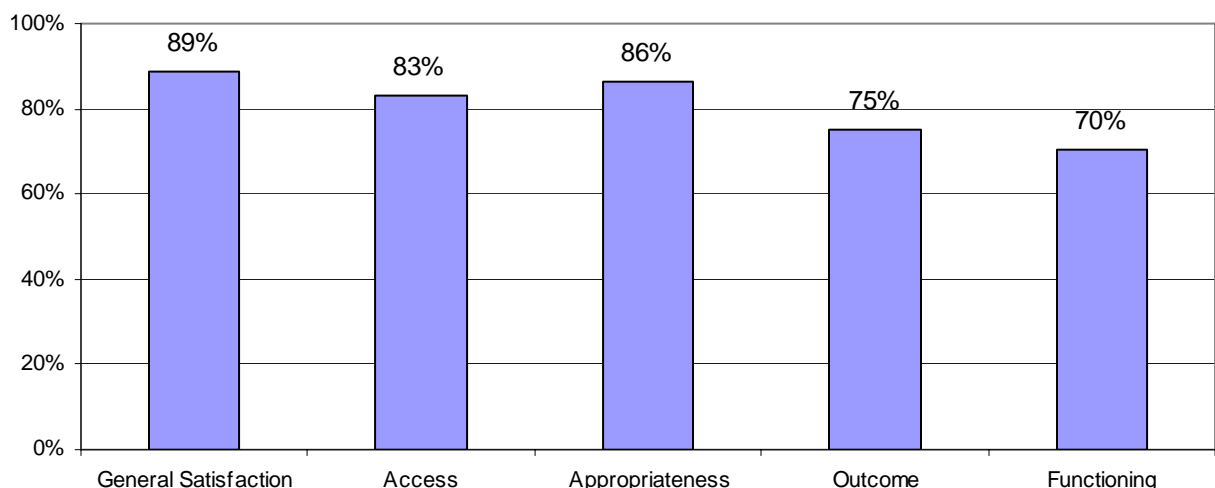
CHAPTER 4 : MENTAL HEALTH AND SUBSTANCE USE DISORDERS (MH/SUD) RESPONSES

Consumer and Treatment Characteristics

- A total of 1,270 (17.8%) consumers identified both alcohol or drugs and emotional/mental health as the primary reasons for receiving services from the CSB.
- Ninety-five were between the ages of 21 and 64.
- About 55% were female, 61.1% were White, and 27.8% were Black/African-American.
- With regard to Hispanic origin, about 6% identified themselves as Hispanic.
- The majority were referred by family, friends, or self (36.9%) and courts, law enforcement, or social services (31.0%).
- Over half (55.9%) had been in treatment for more than one year and about 29% were in treatment five months or less.
- In the six months prior to the survey, about 13% had been homeless and 35.5% moved at least one time.
- In the past twelve months, 27.2% had a psychiatric hospitalization, 49.3% had paid employment, and 29.1% had been arrested. In the previous twelve months, 25.7% had been arrested.
- More than eighty-one percent have support in times of crisis, and 84.8% have people with whom to do enjoyable things. About 77% are satisfied with their friendships, and sixty-nine percent feel a sense of belonging in their community.

Satisfaction On All Domains

Figure 1: MH/SUD Consumer Satisfaction Across Domains



General Satisfaction Domain

- Almost 89% agreed with the statement “I like the services that I receive”.
- About 85% agreed with the statement “If I had other choices, I would still get services from this agency”.
- Over eighty-eight percent reported that they would recommend this agency to a friend or family member.

Access Domain

- About 82% agreed that the location of services is convenient.
- Over eighty-five percent agreed with the statement “Staff are willing to see me as often as I feel it is necessary.”
- About 81% agreed with the statement “Staff returns my calls within 24 hours.”
- Almost 86% agreed that services were available at times that were good for them.

Appropriateness Domain

- Ninety percent agreed with the statement “Staff here believe that I can grow, change, and recover.”
- About 88% agreed with the statement “Staff respect my wishes about who is, and is not, to be given information about my treatment.”
- Almost eighty-two percent reported that staff is sensitive to their cultural background.
- Almost seventy-eight percent reported agreement that staff tell them what medication side effects to watch for.
- About eighty-one percent reported that they feel free to complain.
- Over 88% felt that staff helped them to obtain information needed for the consumer to take charge of managing the illness.

Outcome Domain

- More than seventy-eight percent agreed with the statement “I am better able to control my life”.
- About 81% agreed with the statement “I deal more effectively with daily problems”.
- About 69% reported that they did better at work or school.
- Almost 71% reported that they did better in social settings.
- Nearly 76% reported that they were better able to deal with a crisis.
- About 67% agreed with the statement “My symptoms are not bothering me as much”.

Functioning Domain

- About 75% reported that “I do things that are more meaningful to me.”
- Almost 77% reported that “I am better able to take care of my needs.”
- About 70% reported that “I am better able to handle things when they go wrong.”
- Nearly 73% reported that “I am better able to do things that I want to do.”

Other Survey Items (not included in a domain or Total Satisfaction scoring)

- About 87% reported that they felt comfortable asking questions about their treatment and medication.
- Almost 85% agreed with the statement “I am able to get all the services I think I need.”
- About 74% agreed with the statement “I, not staff, decide my treatment goals.”
- About 65% agreed with the statement “I am satisfied with my living arrangements.”
- Sixty-three percent agreed with the statement “I was encouraged to use consumer run programs.”

Consumer comments:

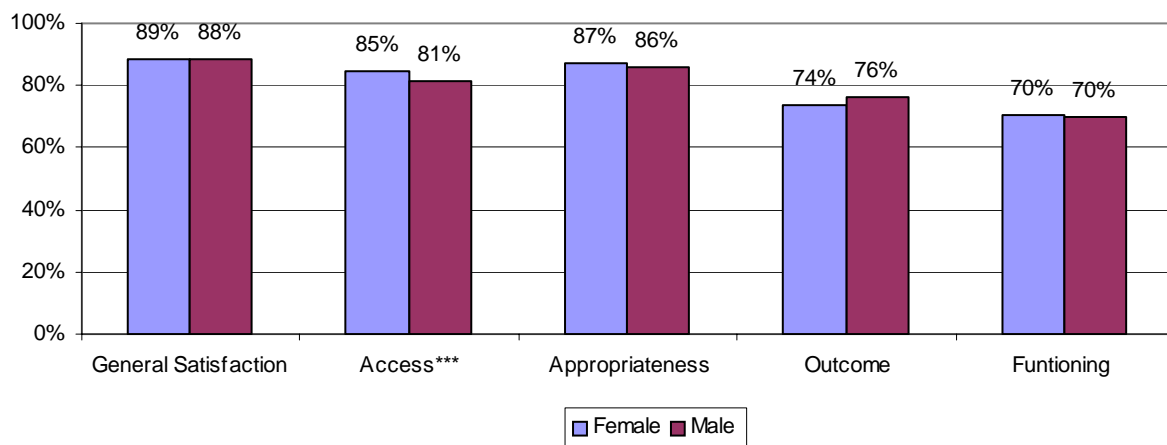
- **“Some people are afraid to talk. It’s because they feel not welcome. They need to feel good and relaxed before talking.”**
- **“I am treated like a person, not a number on a page. First time in years.”**
- **“I feel the doctor I see doesn't really know who I am when he has papers to fill out about me. I hate having to change counselors so many times.”**
- **“Seems difficult to find the help because I'm called "high functioning".**
- **“The staff here is friendly & respectful. The only thing I would change is more hours.”**

Differences Between Groups

Did Satisfaction Differ by Gender?

Female consumers were significantly more likely to report positive perceptions in the Access domain.

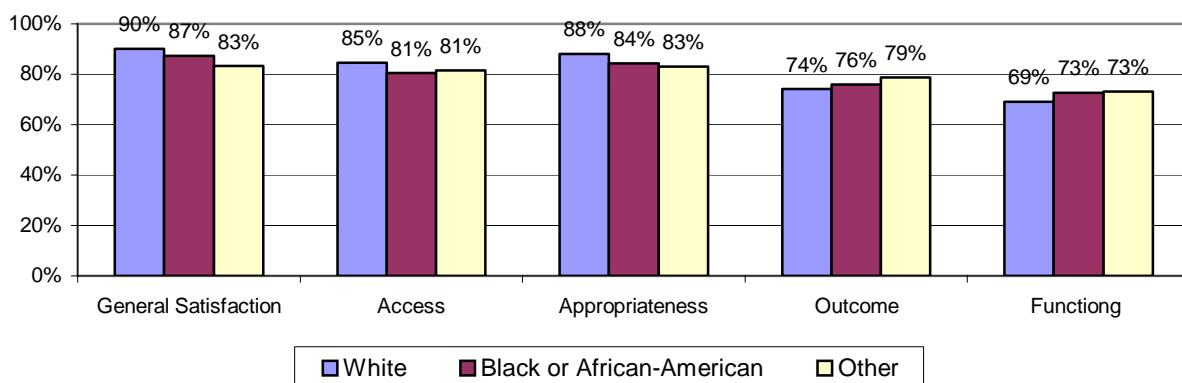
Figure 2: MH/SUD Consumer Satisfaction by Gender



Did Satisfaction Differ by Race?

There were no significant differences in the percentages of positive perceptions between the race categories; however those consumers who identified themselves as White had slightly higher percentages in the General Satisfaction, Access, and Appropriateness domains.

Figure 3: MH/SUD Consumer Satisfaction by Race



*Differences between groups were significant at the $p \leq .05$ level

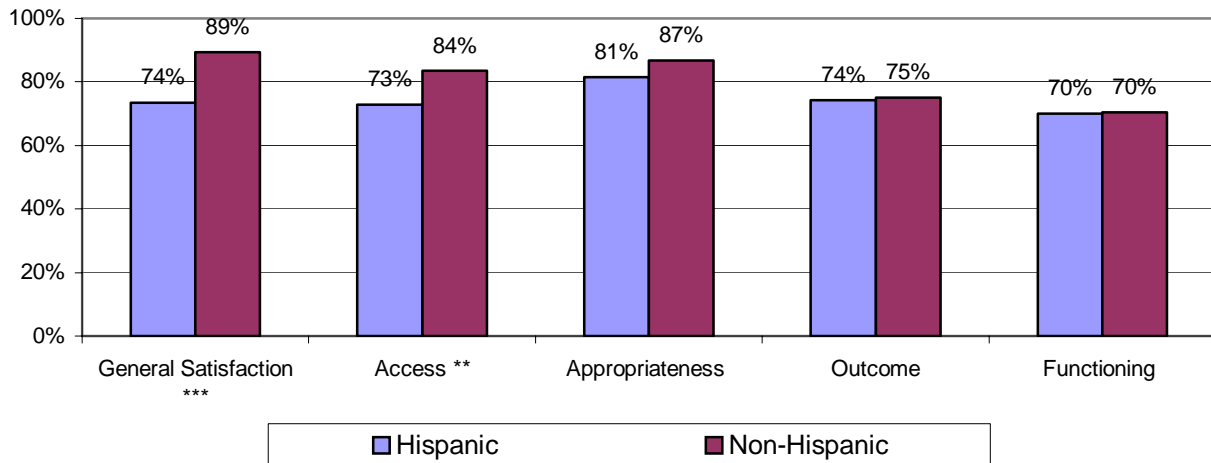
**Differences between groups were significant at the $p \leq .01$ level

***Differences between groups were significant at the $p \leq .001$ level

Did Satisfaction Differ by Ethnicity?

Consumers of mental health and substance abuse services who claimed Hispanic ethnicity reported significantly lower perceptions in the General Satisfaction and Access domains than consumers of non-Hispanic ethnicity.

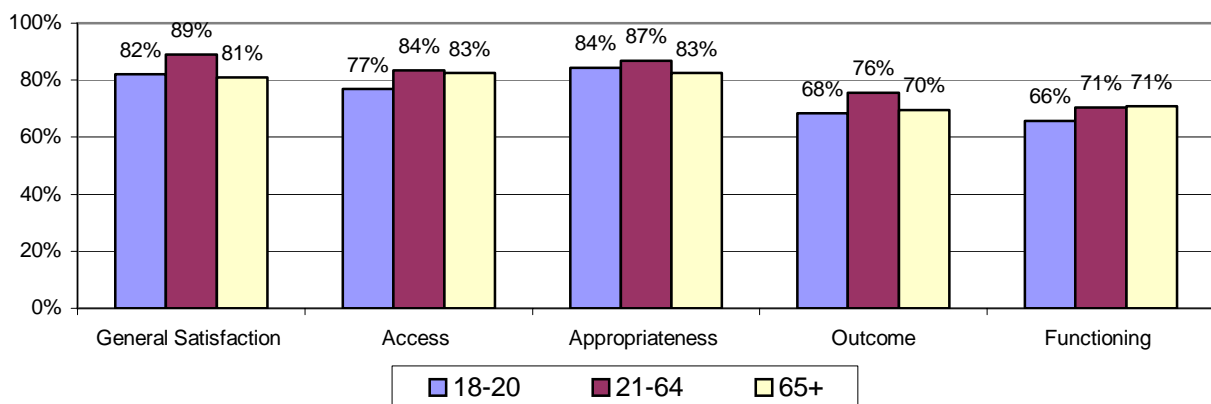
Figure 4: MH/SUD Consumer Satisfaction by Ethnicity



Did Satisfaction Differ by the Age Group of the Consumer?

No statistical difference was noted on any domain for consumers of mental health and substance abuse services in different age categories.

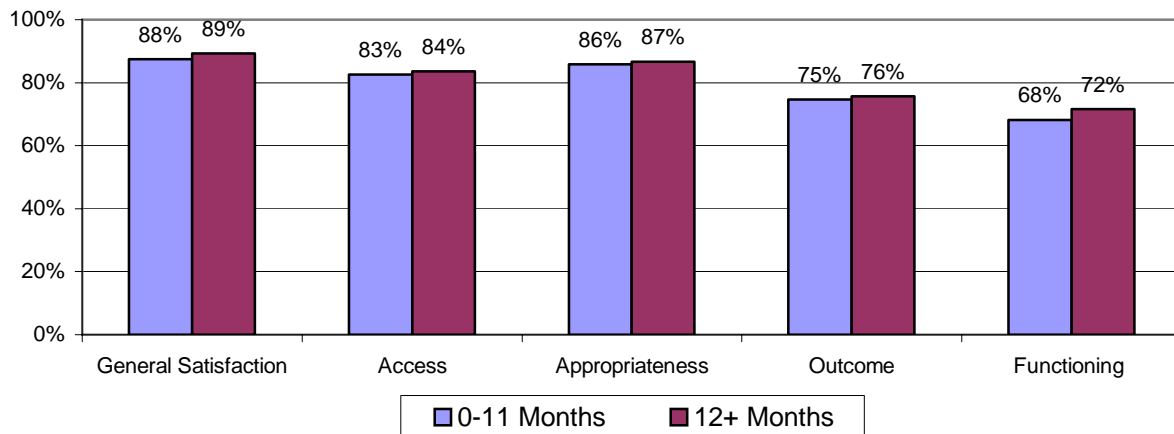
Figure 5: MH/SUD Consumer Satisfaction by Age



Did Satisfaction Differ by Length of Treatment?

No statistical difference was noted on any domain for consumers of mental health and substance abuse services based upon their length of treatment.

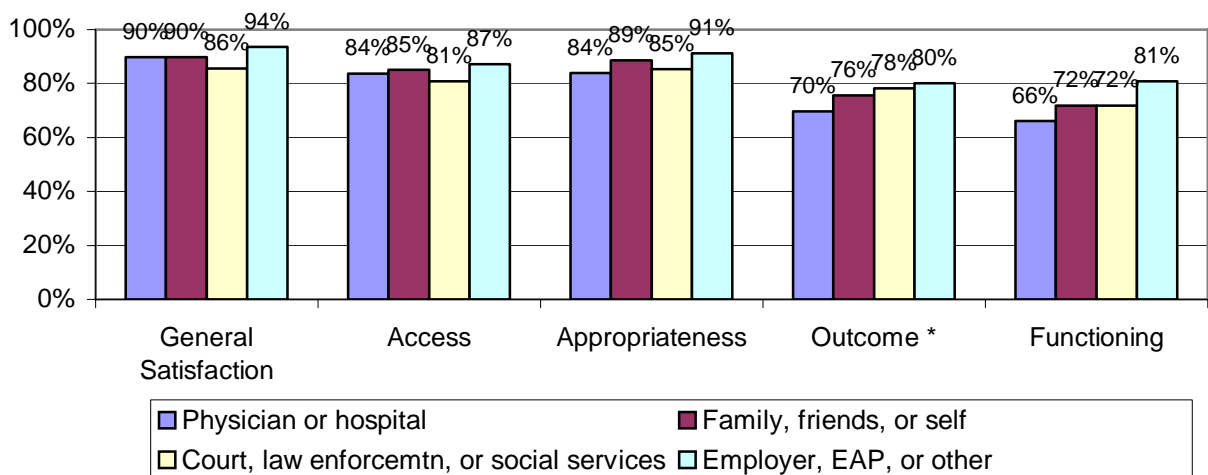
Figure 6: MH/SUD Consumer Satisfaction by Length of Treatment



Did Satisfaction Differ by Referral Source?

Consumers who were referred by a physician or hospital reported significantly lower percentages of positive perceptions in the Outcome domain. Those referred by an employer, EAP or “other” source reported higher percentages in all domains than those in the other three categories.

Figure 7: MH/SUD Consumer Satisfaction by Referral Source



Did Satisfaction Differ by Housing Situation?

No statistically significant difference was seen in the level of satisfaction on any domain between those consumers who had been homeless within the past six months and those who had not. However, those consumers who moved at least once reported significantly lower percentages of positive perceptions in the Outcome and Functioning domains than those who did not move in the past six months.

Figure 8: MH/SUD Consumer Satisfaction by Homelessness

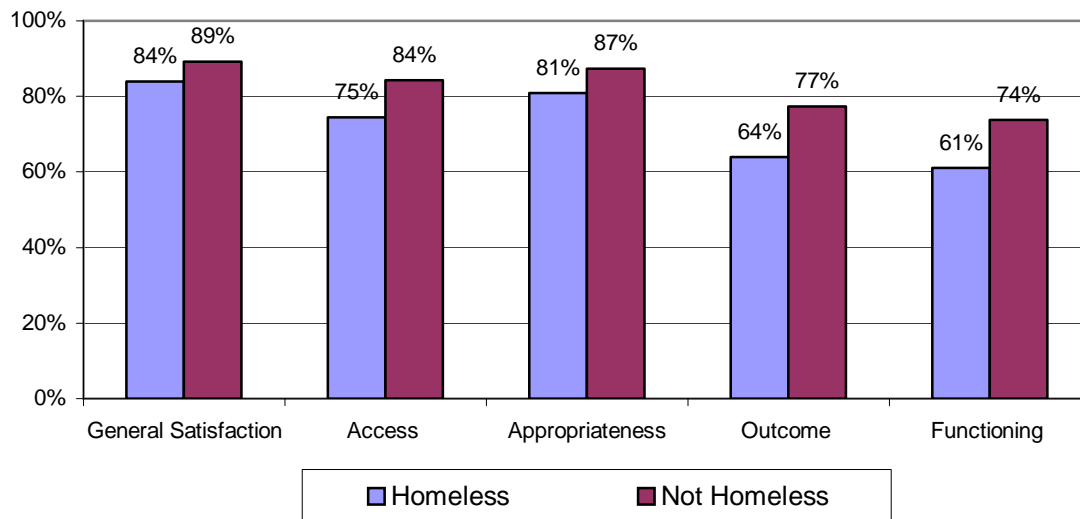
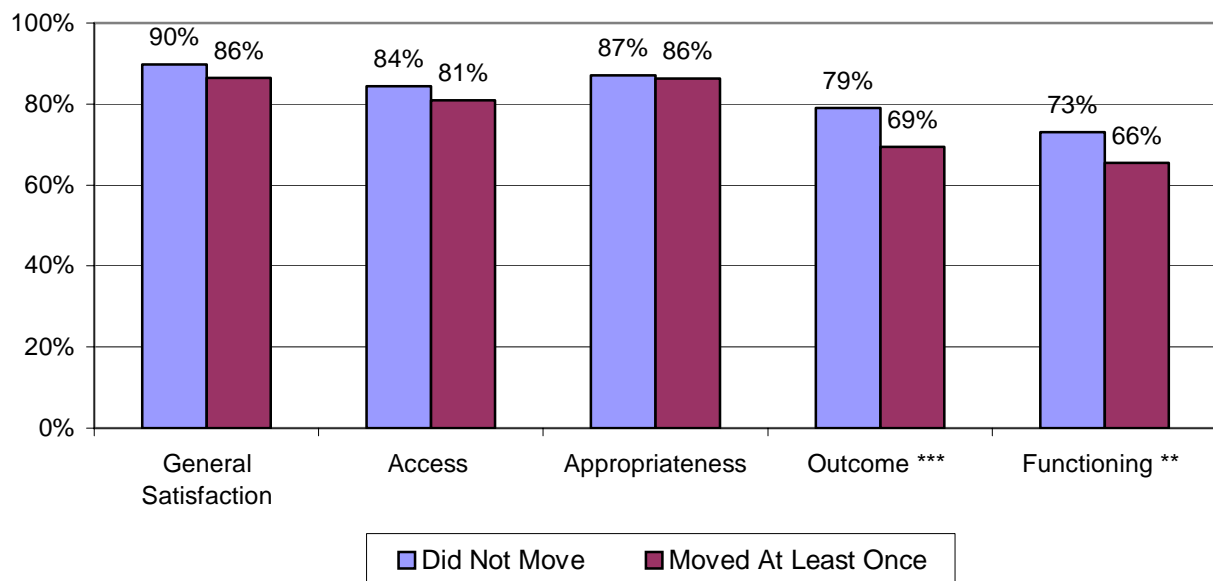


Figure 9: MH/SUD Consumer Satisfaction by Frequency of Moves



Did Satisfaction Differ by Involvement with the Criminal Justice System?

No statistically significant difference was seen in satisfaction levels between those who had been arrested within the past 12 months and those who had no criminal justice system involvement. Similarly, little difference was seen in satisfaction levels in most domains between those who had been arrested within the 12 months of the previous year and those who had no criminal justice system involvement in that same period. However, those who had involvement in the legal system in the previous year reported significantly higher levels in the Access domain.

Figure 10: MH/SUD Consumer Satisfaction by Criminal Justice System Involvement, Current Year

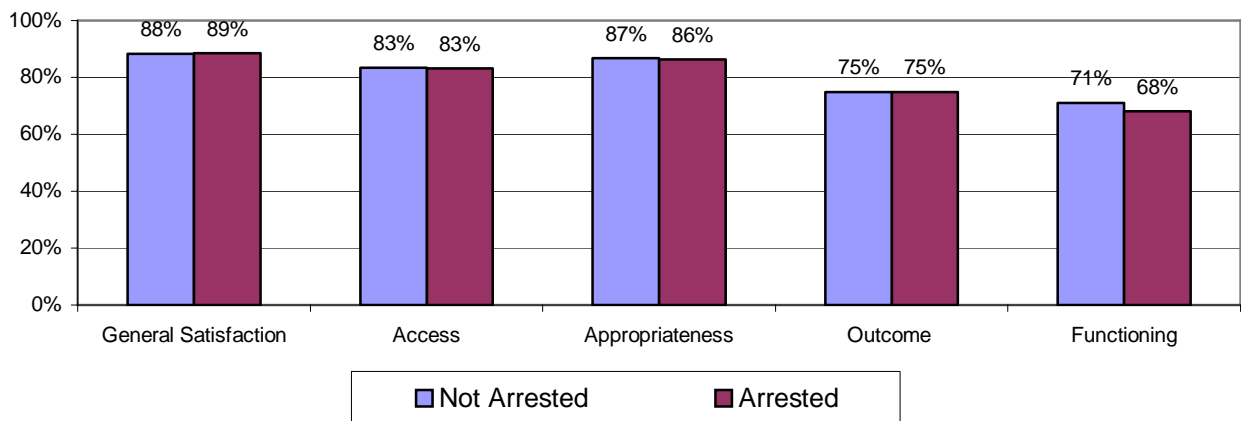
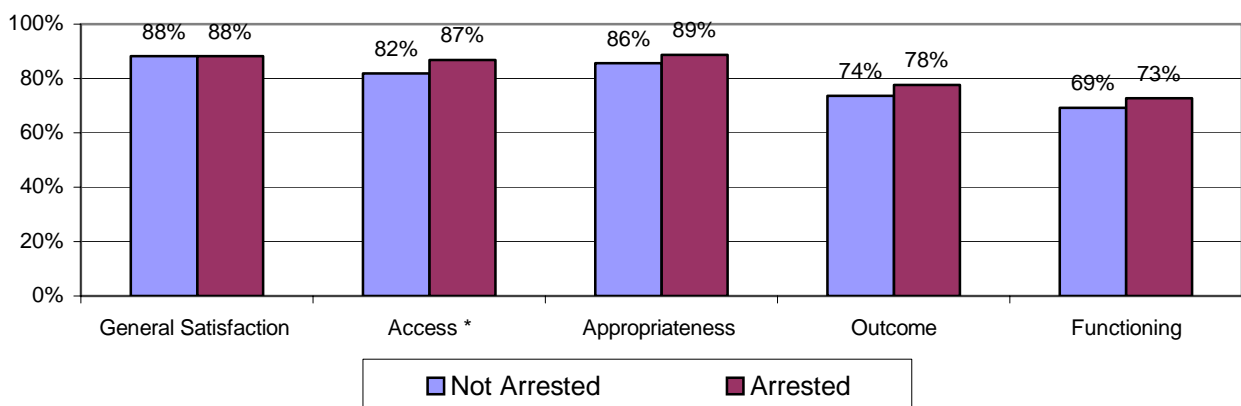


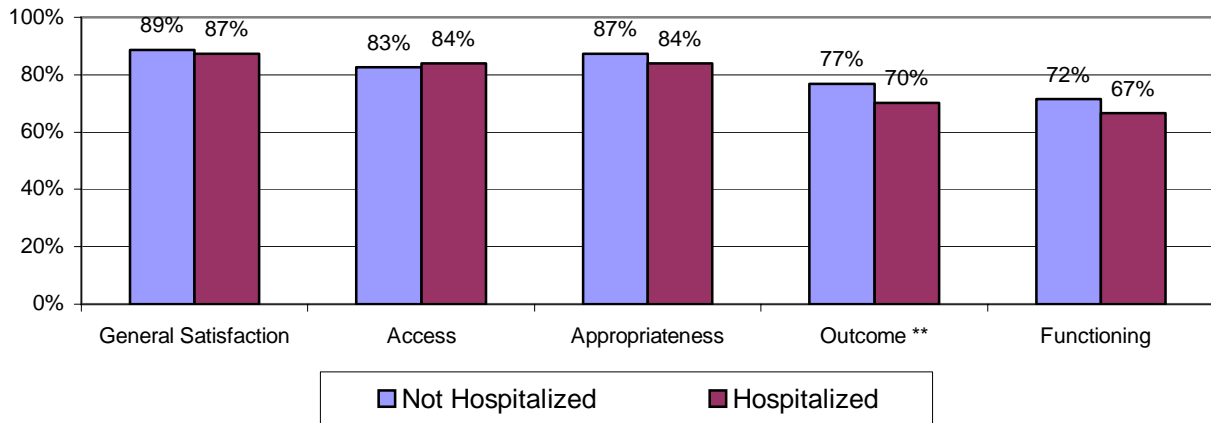
Figure 11: MH/SUD Consumer Satisfaction by Criminal Justice System Involvement, Previous Year



Did Satisfaction Differ by Psychiatric Hospitalization?

On most domains there was little difference in satisfaction levels between those MH/SUD consumers who had been in a psychiatric hospital or unit within the past 12 months and those who had not been hospitalized. However, those consumers who were hospitalized reported significantly lower satisfaction levels in the Outcome domain than those who were not hospitalized.

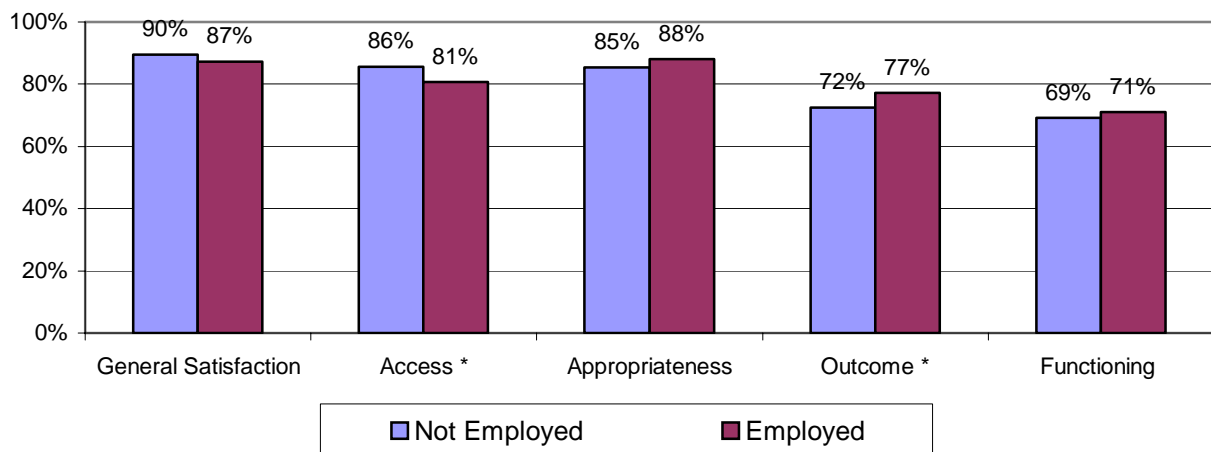
Figure 12: MH/SUD Consumer Satisfaction by Psychiatric Hospitalization



Did Satisfaction Differ by Employment?

Consumers who had paid employment within the past 12 months were significantly more likely to report positive perceptions in the Access and Outcome domains than those who had not been employed.

Figure 13: MH/SUD Consumer Satisfaction by Employment



Did Satisfaction Differ by Social Connectedness?

Consumers who felt that they have adequate support from family or friends in times of crisis were significantly more likely to express positive perceptions in all domains. Similarly, consumers who felt that they have people with whom they can do enjoyable things were significantly more likely to express positive perceptions in all domains than those who do not have such relationships.

Figure 14: MH/SUD Consumer Satisfaction by Crisis Support

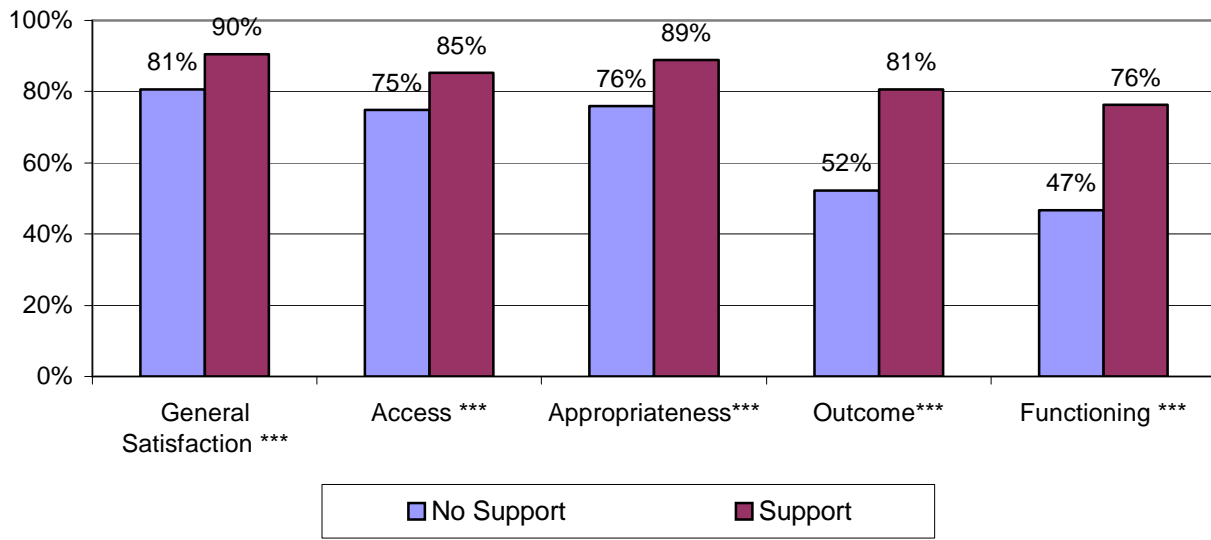
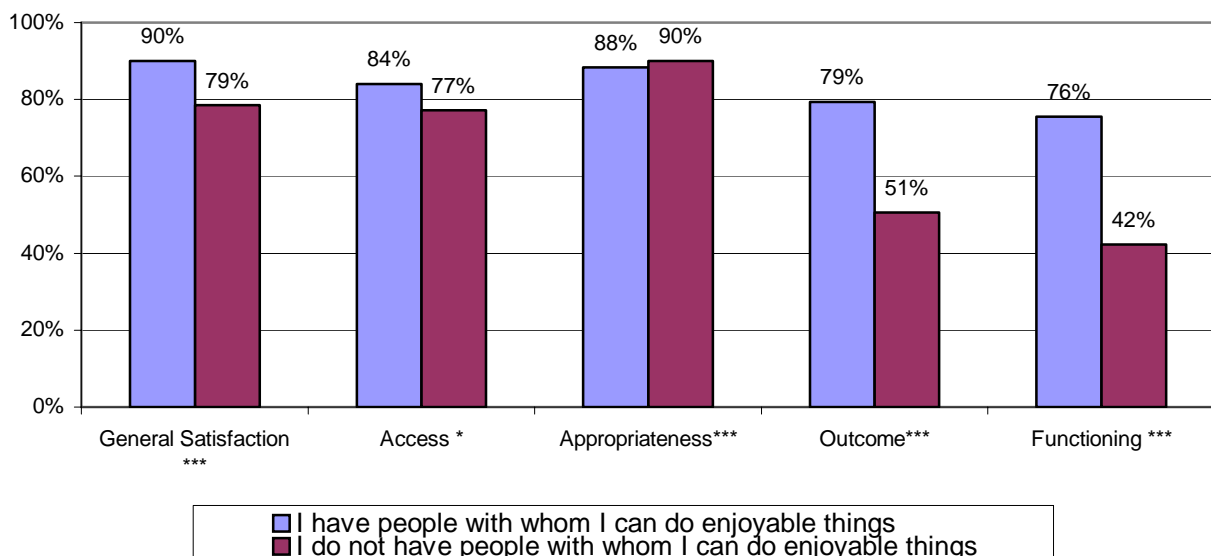


Figure 15: MH/SUD Consumer Satisfaction by Social Support



Consumers who felt that they were happy with their friendships were significantly more likely to express positive perceptions in all domains. Consumers who felt that they belong in their communities were significantly more likely to express positive perceptions in all domains

Figure 16: MH/SUD Consumer Satisfaction by Friendships

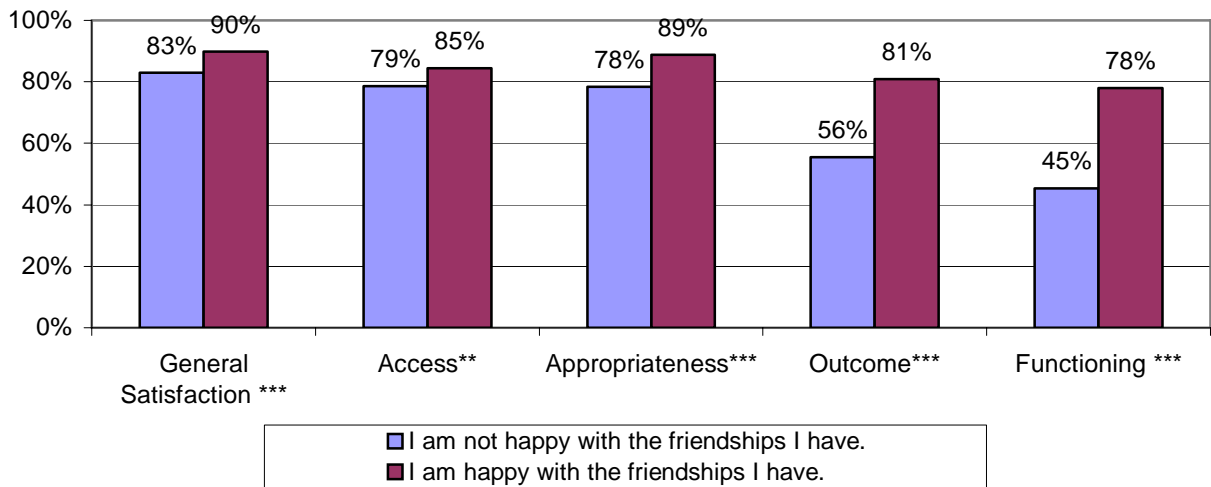
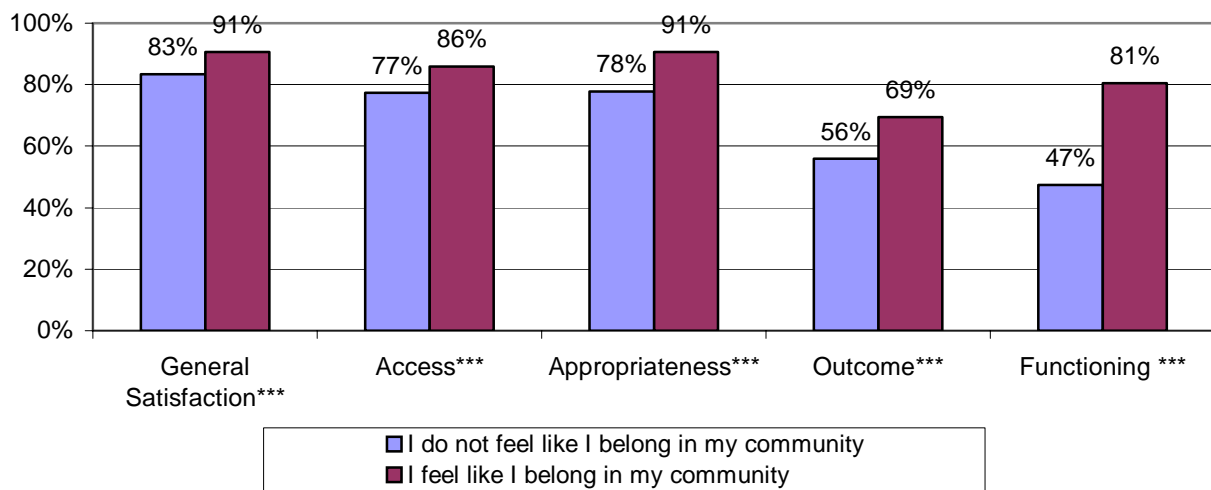


Figure 17: MH/SUD Consumer Satisfaction by Community Belonging

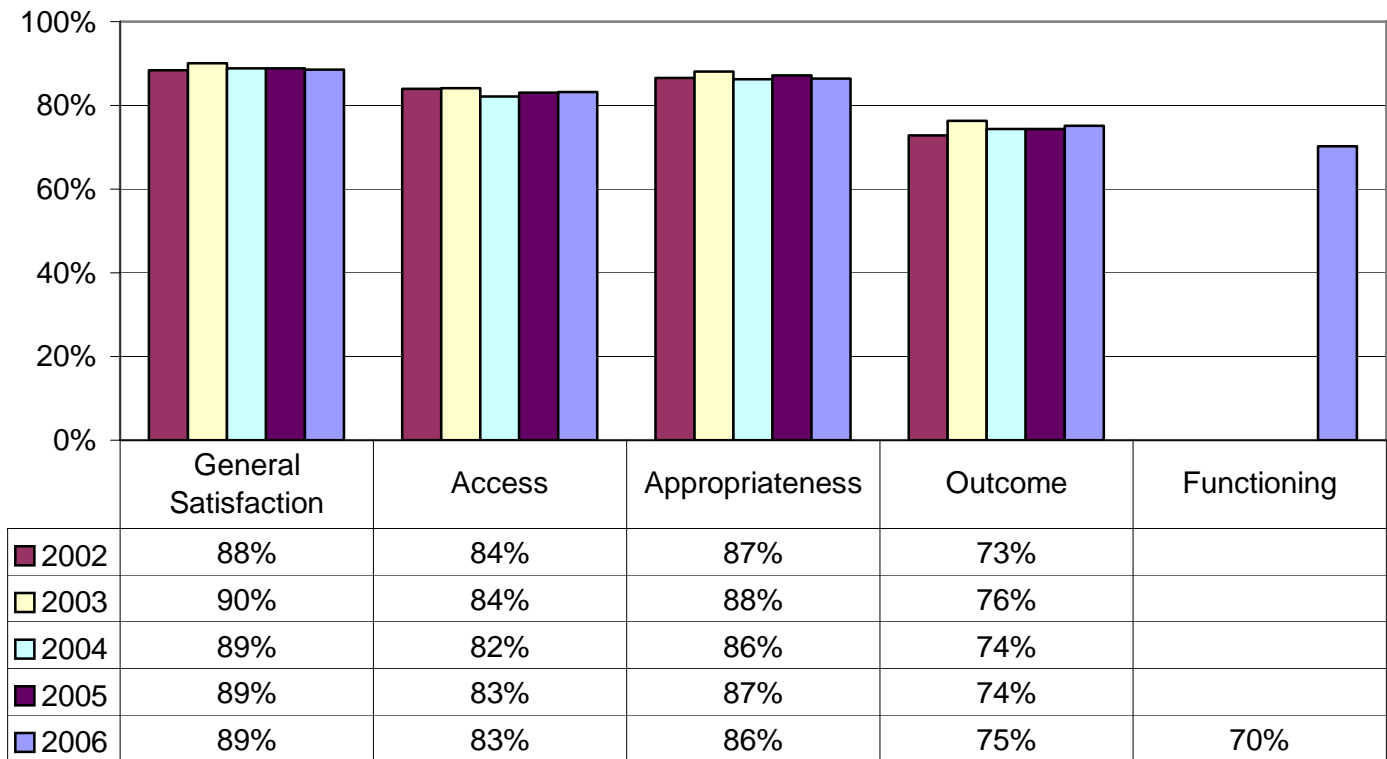


Consumer comment: “Am encouraged about my future- a direct result of my therapist and doctor.”

Trends Over Time

- The overall trend continues to be stable across all domains.

Figure 18: MH/SUD Consumer Satisfaction Trends, 2002-2006



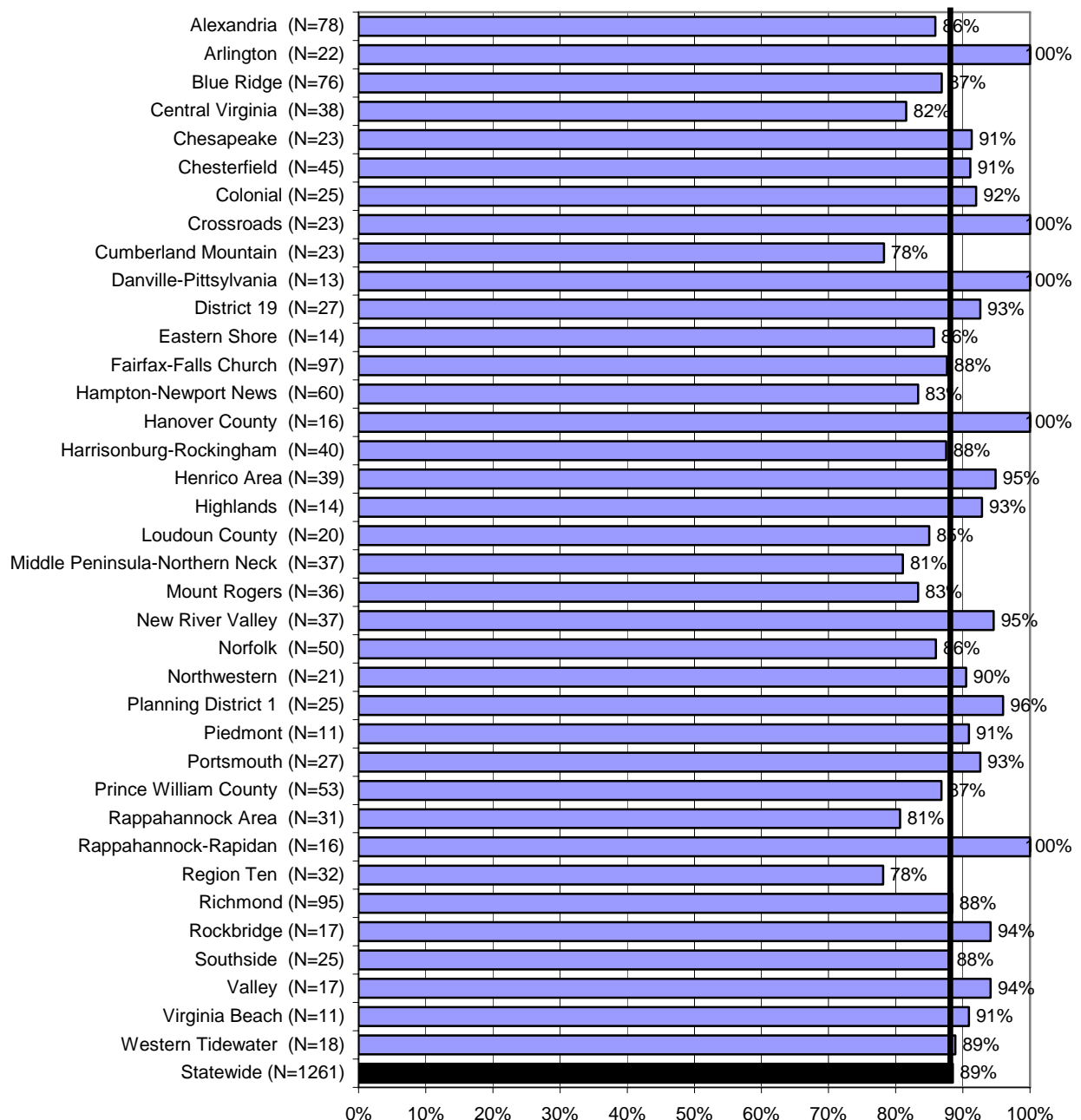
Consumer comments:

- “Opportunity to work-I would like to see my case manager more often.”
- “This is a good resource and community center for people with mental health and alcohol/drug problems.”

CSB Level Consumer Perception

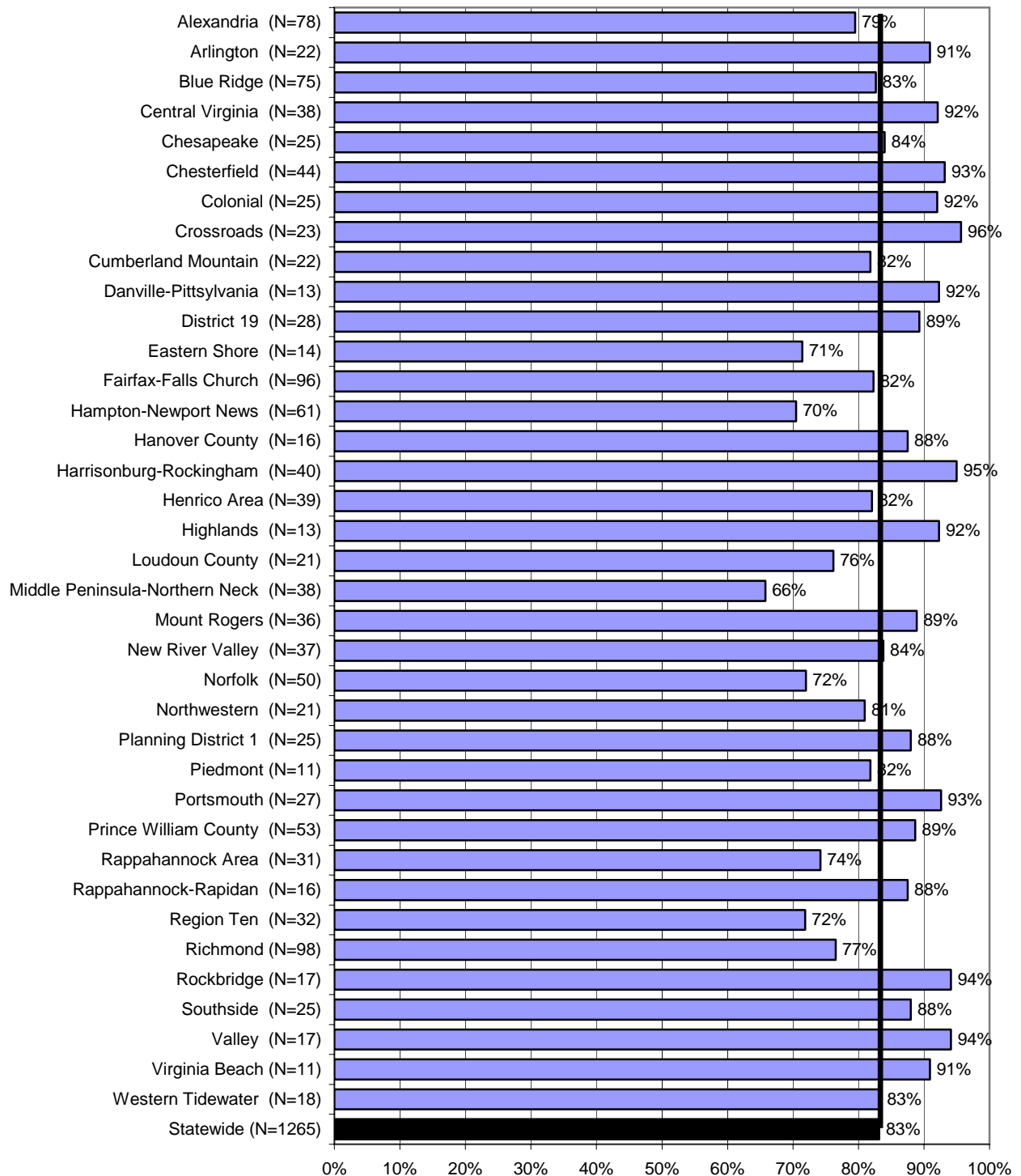
- Individual CSB ratings for the five indicator domains are presented in Figures 19-23.
- Only those CSBs with more than ten surveys for which the domain subscale could be calculated are presented in the graphs.
- Statewide average satisfaction percents are included for reference.

Figure 19: MH/SUD Consumer Satisfaction- General Satisfaction Domain by CSB



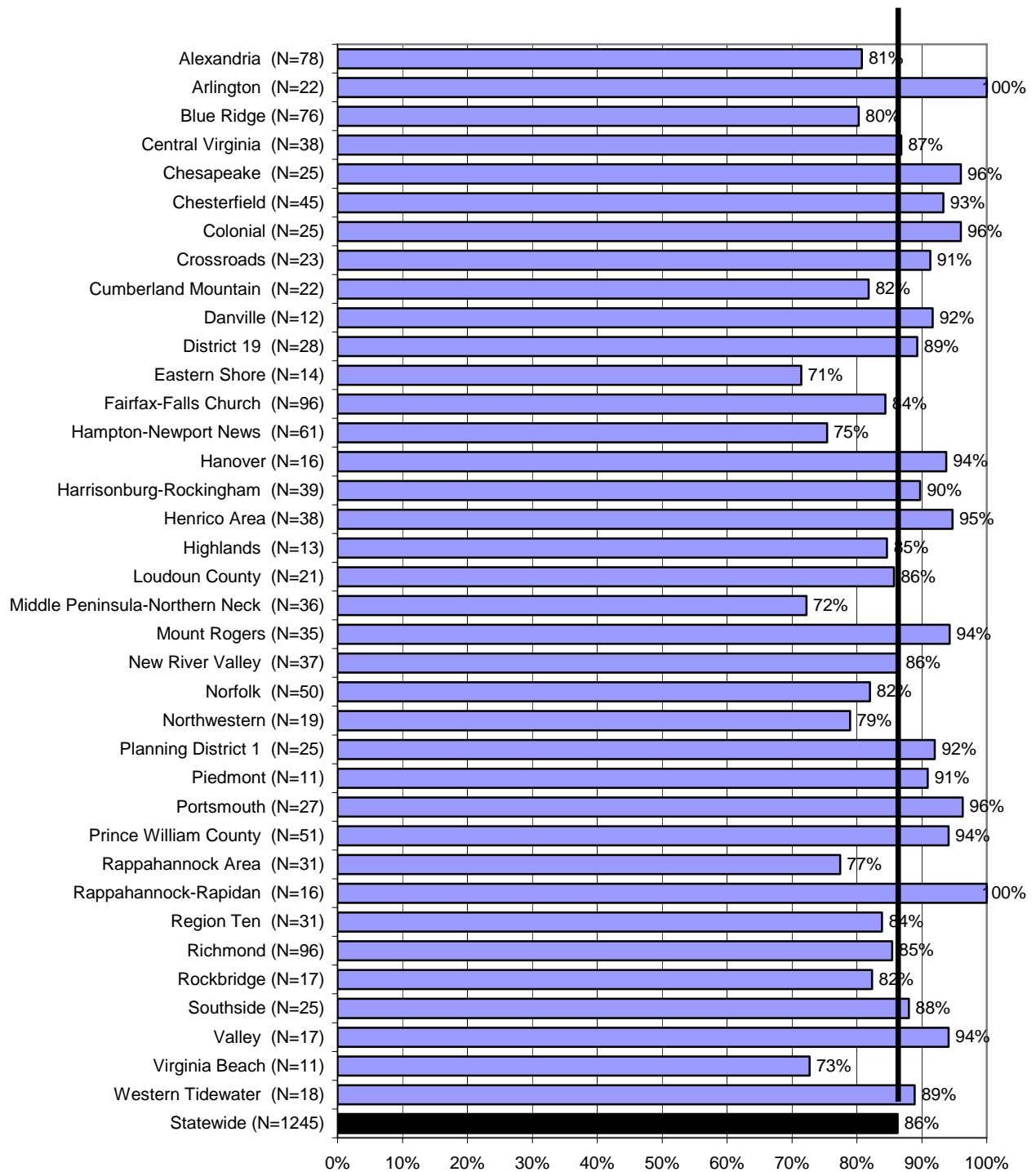
Note: CSBs with fewer than 11 surveys for which the domain subscale score could be calculated are not included in the chart above.

Figure 20: MH/SUD Consumer Satisfaction - Access Domain by CSB



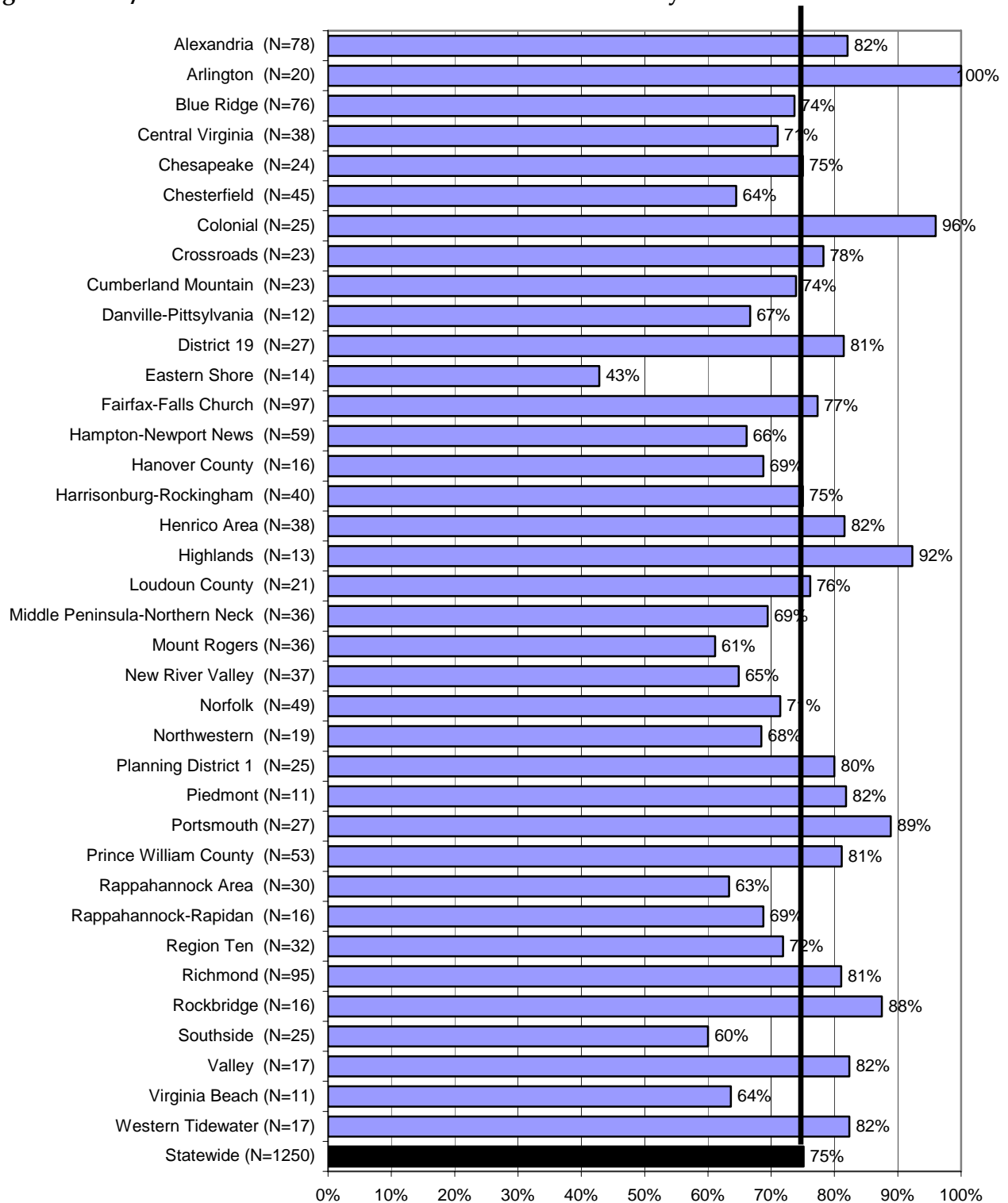
Note: CSBs with fewer than 11 surveys for which the domain subscale score could be calculated are not included in the chart above.

Figure 21: MH/SUD Consumer Satisfaction – Appropriateness Domain by CSB



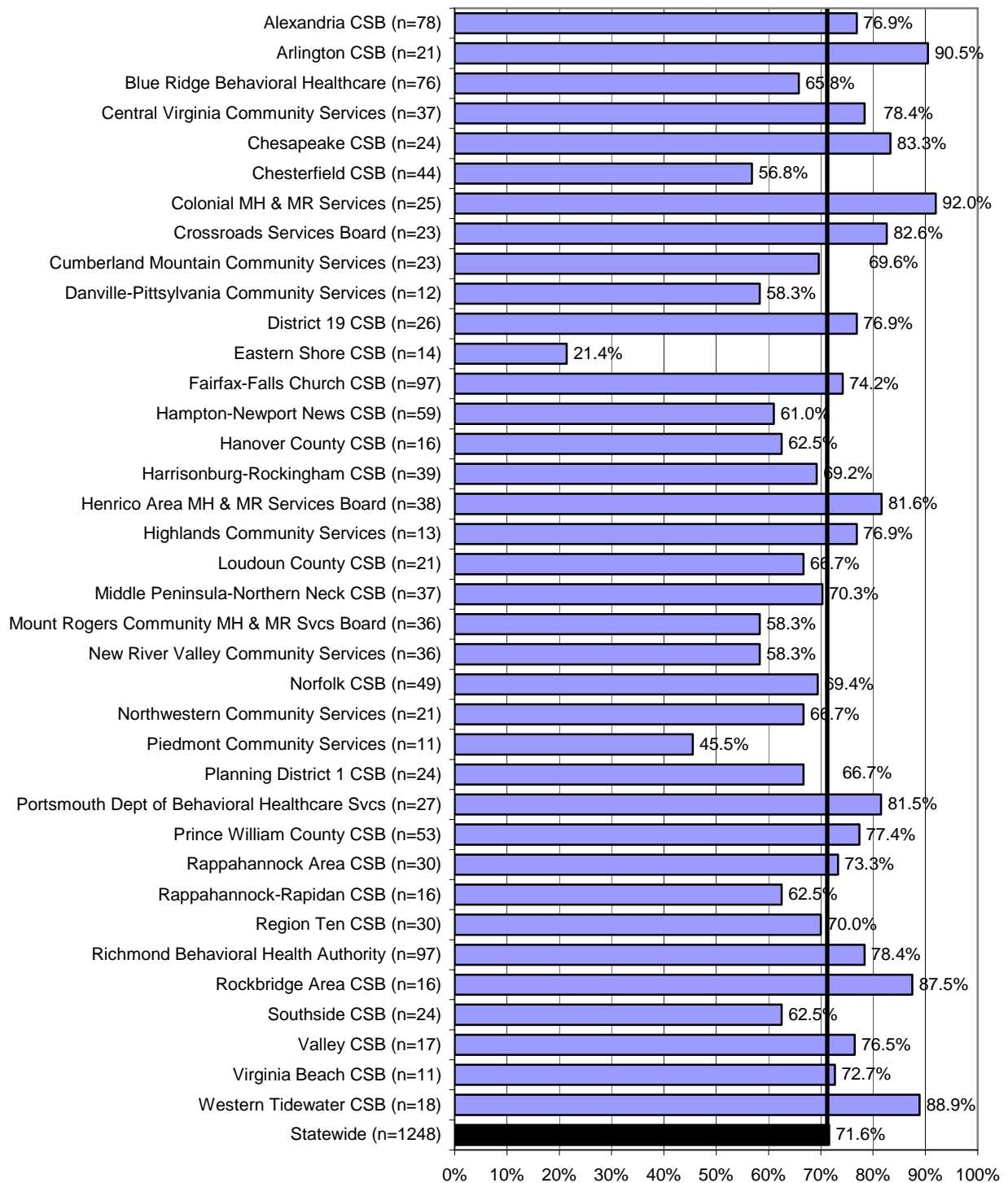
Note: CSBs with fewer than 11 surveys for which the domain subscale score could be calculated are not included in the chart above.

Figure 22: MH/SUD Consumer Satisfaction - Outcome Domain by CSB



Note: CSBs with fewer than 11 surveys for which the domain subscale score could be calculated are not included in the chart above.

Figure 23: MH/SUD Consumer Satisfaction by CSB - Functioning Domain



Note: CSBs with fewer than 11 surveys for which the domain subscale score could be calculated are not included in the chart above.

Discussion

A majority of the MH/SUD consumers express satisfaction on all domains, and the percent satisfied remains stable over time. However, the variables associated with Social Connectedness appear to have a significant effect on satisfaction levels across domains, as discussed below.

Female consumers were significantly more likely to report positive perceptions in the Access domain. There were no significant differences in the percentages of positive perceptions between the race categories. Consumers of mental health and substance abuse services who claimed Hispanic ethnicity reported significantly lower perceptions in the General Satisfaction and Access domains than consumers of non-Hispanic ethnicity. No statistical difference was noted on any domain for consumers of mental health and substance abuse services in different age categories. No statistical difference was noted on any domain for consumers of mental health and substance abuse services based upon their length of treatment.

Consumers who reported being referred by a physician or hospital reported significantly lower percentages of positive perceptions in the Outcome domain. Those referred by an employer, EAP or “other” source reported higher percentages in all domains than those in the other three categories. No statistically significant difference was seen in the level of satisfaction on any domain between those consumers who had been homeless within the past six months and those who had not. However, those consumers who moved at least once reported significantly lower percentages of positive perceptions in the Outcome and Functioning domains than those who did not move in the past six months.

No statistically significant difference was seen in satisfaction levels between those who had been arrested within the past 12 months and those who had no criminal justice system involvement. Similarly, little difference was seen in satisfaction levels in most domains between those who had been arrested within the 12 months of the previous year and those who had no criminal justice system involvement in that same period. However, those who had involvement in the legal system reported significantly higher levels in the Access domain. On most domains there was little difference in satisfaction levels between those MH/SUD consumers who had been in a psychiatric hospital or unit within the past 12 months and those who had not been hospitalized. However, those consumers who were hospitalized reported significantly lower satisfaction levels in the Outcome domain than those who were not hospitalized.

Consumers who had paid employment within the past 12 months were significantly more likely to report positive perceptions in the Access and Outcome domains than those who had not been employed. Consumers who felt that they have adequate support from family or friends in times of crisis were significantly more likely to express positive perceptions in all domains. Similarly, consumers who felt that they have people with whom they can do enjoyable things were significantly more likely to express positive perceptions in all domains than those who do not have such relationships. Consumers who felt that they were happy with their friendships were significantly more likely to express positive perceptions in the Access, Appropriateness, Outcome, and Functioning domains. Consumers who felt that they belong in their communities were significantly more likely to express positive perceptions in all domains.

APPENDIX A

CONSUMER SURVEY 2006						
<p>In order to improve services, we need to know what you think about the services you receive at this clinic and the people who provide them.</p> <p>Please indicate your agreement/disagreement with each of the following statements by filling in the circle that best represents your opinion. Choose ONE response. If the question is about something you have not experienced, fill in the "Does not Apply" circle (# 9 - last column), to indicate that this item does not apply to you.</p>						
	<u>Strongly Agree</u>	<u>Agree</u>	<u>I am Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Not Applicable</u>
1. I like the services that I received here.	1	2	3	4	5	9
2. If I had other choices, I would still get services from this agency.	1	2	3	4	5	9
3. I would recommend this agency to a friend or family member.	1	2	3	4	5	9
4. The location of services was convenient (parking, public transportation, distance, etc.).	1	2	3	4	5	9
5. Staff were willing to see me as often as I felt it was necessary.	1	2	3	4	5	9
6. Staff returned my call in 24 hours.	1	2	3	4	5	9
7. Services were available at times that were good for me.	1	2	3	4	5	9
8. I was able to get all the services I thought I needed.	1	2	3	4	5	9
9. Staff believe that I can grow, change and recover.	1	2	3	4	5	9
10. I feel comfortable asking questions about my treatment and medication.	1	2	3	4	5	9
11. I feel free to complain.	1	2	3	4	5	9
12. Staff told me what medication side effects to watch out for.	1	2	3	4	5	9
13. Staff respected my wishes about who is and who is not to be given information about my treatment.	1	2	3	4	5	9
14. I, not staff, decided my treatment goals.	1	2	3	4	5	9
15. Staff were sensitive to my cultural background (race, religion, language, etc.)	1	2	3	4	5	9
16. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	1	2	3	4	5	9

	<u>Strongly Agree</u>	<u>Agree</u>	<u>I am Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Not Applicable</u>
As a Direct Result of Services I received:						
17. I deal more effectively with daily problems.	1	2	3	4	5	9
18. I am better able to control my life.	1	2	3	4	5	9
19. I am better able to deal with crisis.	1	2	3	4	5	9
20. I am getting along better with my family.	1	2	3	4	5	9
21. I do better in social situations.	1	2	3	4	5	9
22. I do better in school and/or work.	1	2	3	4	5	9
23. My symptoms are not bothering me as much.	1	2	3	4	5	9
24. I am satisfied with my living arrangements.	1	2	3	4	5	9
25. I do things that are more meaningful to me.	1	2	3	4	5	9
26. I am better able to take care of my needs.	1	2	3	4	5	9
27. I am better able to handle things when they go wrong.	1	2	3	4	5	9
28. I am better able to do things that I want to do.	1	2	3	4	5	9
29. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	1	2	3	4	5	9

Additional Items

Please choose ONE response for each of the following questions:

1. What is your age?

☐ 18-20 ☐ 65-74

☐ 21-64 ☐ 75+

2. What is your gender?

☐ Female ☐ Male

3. What is your race?

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African-American

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Other

4. Are either of your parents hispanic or latino?

☐ Yes

☐ No

5. What is the primary reason you are receiving services from this organization?

☐ Emotional/Mental health

☐ Alcohol or drugs

☐ Both emotional/mental health and alcohol/drugs

6. Who referred you (suggested that you come) to our organization?

☐ Physician or hospital

☐ Family or friends or self-referred

☐ Court, law enforcement, or social services

☐ Employer, EAP or other

7. How long have your received services from this organization?

☐ 0 to 5 months

☐ 6-11 months

☐ 12 months to 2 years

☐ More than 2 years

Please answer the following questions.

8. In a crisis, I would have the support I need from family or friends?

☐ Yes ☐ No

9. I have people with whom I can do enjoyable things?

☐ Yes ☐ No

10. I am happy with the friendships I have?

☐ Yes ☐ No

11. I feel I belong in my community?

☐ Yes ☐ No

12. Were you working at a paid job in the last 12 months?

☐ Yes ☐ No

13. Were you in a psychiatric hospital in the last 12 months?

☐ Yes ☐ No

14. Were you arrested during the past 12 months?

☐ Yes ☐ No

☐ Yes ☐ No

15. Were you arrested during the 12 months prior to that?

--	--

16. How many times have you moved in the last 6 months?

--	--	--

17. How many days have you been homeless in the last 6 months?

Please provide any other comments you have about this organization and the services you have received

APPENDIX B

Internet Resources

- ❖ National Association of State Mental Health Program Directors (NASMHPD): <http://www.nasmhpd.org>
- ❖ National Technical Assistance Center (NTAC) for State Mental Health Planning: <http://www.nasmhpd.org/ntac.cfm>
- ❖ National Association of State Mental Health Program Directors Research Institute: <http://www.nri-inc.org/>
- ❖ National Institute of Mental Health (NIMH) home page: <http://www.nimh.nih.gov/>
- ❖ Substance Abuse & Mental Health Services Administration (SAMHSA): <http://www.samhsa.gov/>
- ❖ Center for Mental Health Services (CMHS) Home Page: <http://www.mentalhealth.samhsa.gov/cmhs>
- ❖ The Evaluation Center @ HSRI: <http://tecathsri.org>
- ❖ National Alliance for the Mentally Ill (NAMI): <http://www.nami.org>
- ❖ National Mental Health Association (NMHA): <http://www.nmha.org>
- ❖ National Association of State Alcohol and Drug Abuse Directors <http://www.nasadad.org/>
- ❖ SAMHSA's National Mental Health Information Center: www.mentalhealth.samhsa.gov
- ❖ Department of Health & Human Services: <http://www.os.dhhs.gov/>
- ❖ National Mental Health Services ' Knowledge Exchange Network: <http://www.mentalhealth.org/>
- ❖ Mental Health Statistics Improvement Program (MHSIP): <http://www.mhsip.org/>
- ❖ Mental Health Related Federal Agencies:
 - FedWorld Information Network: <http://www.fedworld.gov/>
 - Library of Congress World Wide Web: <http://www.loc.gov>
 - National Center for Health Statistics: <http://www.cdc.gov/nchs>
 - National Clearinghouse for Alcohol & Drug Information: <http://ncadi.samhsa.gov/default.aspx>
 - National Committee for Quality Assurance (NCQA): <http://www.ncqa.org/>
 - National Institute on Alcohol Abuse and Alcoholism <http://www.niaaa.nih.gov>